



# VILLAGE OF MANCHESTER

912 CITY ROAD P.O. BOX 485  
MANCHESTER, MI 48158  
(734) 428-7877 FAX: (734) 428-1877  
WWW.VIL-MANCHESTER.ORG

## PROPERTY CHECK/VACATION REQUEST

Date: \_\_\_\_\_

Complaint No.: \_\_\_\_\_

### OWNER IDENTIFICATION:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

### PROPERTY IDENTIFICATION:

Address: \_\_\_\_\_ (if different than above)

Location: between \_\_\_\_\_ and \_\_\_\_\_

Type of Premise:  residence  retail  industrial  office  other \_\_\_\_\_

### DESCRIPTION OF REQUEST

Reason for property check: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Special Information (lights, vehicles, visitors, others with access): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Key(s) to premises with:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

### In Case of Emergency Contact:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_