



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: _____

GARBAGE PICKUP TEMPORARILY SUSPENDED: Yes No

NOTE: If the service for garbage pick-up is suspended, the monthly fee will resume automatically on the date of return as indicated above on this request.

Signature: _____

Date: _____