



MUSKEGON CHARTER TOWNSHIP



INSPECTIONS & CODE OF ORDINANCES ENFORCEMENT BUREAU

DATE OF REPORT	TIME OF REPORT	LOCATION OF VIOLATION
NATURE OF VIOLATION		

X	TYPE	DESCRIBE VIOLATION
<input type="checkbox"/>	Grass / Weeds / Leaves	_____
<input type="checkbox"/>	Blight	_____
<input type="checkbox"/>	Vehicle	_____
<input type="checkbox"/>	Parking or Storage	_____
<input type="checkbox"/>	Animal	_____
<input type="checkbox"/>	Pool	_____
<input type="checkbox"/>	Other	_____

PHOTO INFORMATION			
#	DESCRIPTION	Date / Time Taken	Initials
1	_____		
2	_____		
3	_____		
4	_____		
5	_____		

NAME OF REPORTING PARTY	DOB	ADDRESS	PHONE

AFFIDAVIT

INIT

_____, I, _____, do swear and affirm I have personally observed the violation(s) described above.

_____, I have provided _____ photographs, which are true and accurate representation of the violation(s) described.

_____, I hereby give permission for any agent of Muskegon Charter Township to enter upon my premises, which is located at _____, by which the agent may personally observe the violation(s).

_____, I affirm that I have the legal authority to permit the presence of any agent upon the premises described.

_____, I have provided supporting documentation, to verify my authority to grant permission for any agent to enter upon the premises described

_____, I swear, under penalty of perjury, that the information contained in this document is true and correct.

AUTHORIZATION		NOTARY PUBLIC
FORM COMPLETED BY:	_____ INITIALS _____	SEAL
SIGNATURE	_____	
DATE / TIME	____/____/____ AT ____:____ AM / PM	
WITNESSED BY:	_____ INITIALS _____	
SIGNATURE	_____	
DATE / TIME	____/____/____ AT ____:____ AM / PM	
OFFICE USE ONLY		
<input type="checkbox"/> STATE ID	<input type="checkbox"/> MAIL	<input type="checkbox"/> BS&A
<input type="checkbox"/> COUNTY GIS	<input type="checkbox"/> OTHER	____ INITIAL