



# SALEM TOWNSHIP

9600 Six Mile Road, Salem, Michigan 48175. Office 248-349-1690

## POWER OF ATTORNEY

I, \_\_\_\_\_, being an authorized representative of

\_\_\_\_\_, hereby appoint the Michigan State Police/Washtenaw County Sheriff's office as my attorney-in-fact for me and my name, place and stead and for my use and benefit with the following powers to be exercised in my name and for the benefit of my business and/or property.

1. The Michigan State Police and the Washtenaw County Deputies are empowered to enforce trespass and issue trespass notices to persons found to be illegally upon the property

Located at \_\_\_\_\_

Within the Township of Salem, Washtenaw County, Michigan

2. Photographic or other facsimile reproductions of this executed Power of Attorney may be made and delivered by Troopers of the Michigan State Police and/or Deputies of the Washtenaw County Sheriff, and may be relied upon by any person to the same extent as though the copy were an original.

I have executed this detailed Power of Attorney the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Michigan State Police or Washtenaw County Deputy  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**SALEM TOWNSHIP  
PROPERTY INSPECTION REQUEST  
MICHIGAN STATE POLICE/WASHTENAW COUNTY SHERIFF**

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

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

Zip: \_\_\_\_\_

Length of Departure:

Beginning on: \_\_\_\_\_

Ending on: \_\_\_\_\_

Person to contact in emergency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number that you may be reached at: \_\_\_\_\_

Person that may have Key,  
in the event access becomes necessary: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Date Checked:
