



# LIVINGSTON COUNTY SHERIFF DEPARTMENT

150 S. Highlander Way  
Howell, MI. 48843  
Phone (517) 546-2440  
Fax (517) 546-1744

## POWER OF ATTORNEY

Date:

I hereby grant Power of Attorney to Sheriff Donald D. Homan and/or his sworn deputies of the Livingston County Sheriff Department to act in my behalf in the enforcement of any law of the State of Michigan.

Property Address:

City:

Township:

Closest Cross Roads:

Property Description: 9 Commercial 9 Residential 9 Vacant Property 9 Other:

### Property Owner Information

Printed FULL Name

Address:

City:

State:

Zip:

Home Phone

Other TX:

**Explain the specific problem you are having**

**Property Owners Signature:** \_\_\_\_\_

**Power of Attorney is valid for two years, Owners responsibility to re-new**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public:

## POWER OF ATTORNEY INSTRUCTIONS

1. Print or type the above form out completely. Under most circumstances you should be able to limit your explanation of the problem to the space provided. If it is necessary to draw a map please do so on the back side. Avoid attaching extra sheets so they do not become separated.
2. Have this form witnessed before a Notary of Public. The Notary must witness your signature.
3. Personally return or mail this form to the Sheriffs Department. Faxed forms will not be accepted.