PROPERTY MAINTENANCE EXTENSION REQUEST

Please complete this form and mail, email or hand deliver to the Village of West Milwaukee Clerk’s Department, Attn: Inspections Office. The request must be received by our office before the Completion Date listed on your Property Maintenance Report, in order to be eligible for an extension. You will be notified by phone or email if the extension was approved or denied. You will also be issued an updated Completion Date. Remember, it is your responsibility to notify our office when the work is finished. Any further request for additional time will have to be arranged through the Village of West Milwaukee Municipal Court, upon issuance of a Municipal Citation.

For office use only.

<table>
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<th>Date received:</th>
<th>Initials:</th>
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Property Address: __________________________________________________________

Property Owner:

Name: ________________________________________________________________
Phone: _________________________________________________________________
Email: ________________________________________________________________

Person/Caretaker Requesting Extension:

Name: ________________________________________________________________
Phone: _________________________________________________________________
Email: ________________________________________________________________

Work Remaining:

_____________________________________________________________________
_____________________________________________________________________

Reason For Extension Request:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

PLEASE DO NOT WRITE BELOW THIS LINE

To Be Completed By West Milwaukee Inspections

Request Approved:

YES ___ New Required Completion Date _______________________
{Remember to notify our office when completed}

NO ___ REASON:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

INSPECTOR __________________________ DATE ________________