

BROOKSIDE OF LIVONIA
CONDOMINIUM HOMEOWNERS ASSOCIATION
GARAGE SALE REQUEST FORM

Today's Date: _____

Please print your name, address & email address:

Phone Number: _____

CO-OWNER GARAGE SALE INFORMATION

Date(s) of Garage Sale: _____

City of Livonia Permit #: _____

PLEASE READ THE FOLLOWING COMPLETELY BEFORE SIGNING:

- A. I have read and agree to abide by the City of Livonia Rules provided on the City of Livonia Garage Sale Information sheet.
- B. I agree to limit the time my Signs are on Brookside Common Elements to only the hours the garage sale is open. The signs will be removed during all other times.

Signature of Co-owner: _____

Approved by: _____

Date Approved: _____

Please return completed form to: **Marcus Management Inc.**
Attn: Martha Saum
28545 Orchard Lake Road Suite A
Farmington Hills, MI 48334
Email: msaum@marcusmanagement.net
Fax: (248) 553-4570