



Mobile Home Park Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>HERITAGE VILLAGE</b>	Facility Type <b>Manufactured Home Community 1-20 Sites</b>
Facility ID # <b>ASTS-9FNNFN</b>	Facility Telephone # <b>608</b>
Facility Address <b>SPRUCE ST HOLMEN , WI 54636</b>	
Licensee Name <b>HERITAGE VILLAGE LLC</b>	Licensee Address <b>250 SCOTT DR ONALASKA , WI 54650</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>04/21/2016</b>	Total Time Spent

**OPERATOR** - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

<b>Observed Violations</b>
<b>Total # 0</b>

<b>Comments</b>

Any operator aggrieved by an order of this department under this chapter may request a hearing as provided in ch.227 statute, if state licensed, or a local ordinance if licensed by an agent health department.

Person in Charge

Sanitarian

**Doug Schaefer**  
**(608) 785-9679**