



**Bald Head Island Department of Public Safety**  
 253 Edward Teach Ext., Bald Head Island, NC 28461  
 Office (910) 457-5252, Fax (910) 457-4585  
 Chief Jerome C. Munna, Jr.



**Property/Home Security Check Request**

**Owner Information**

Name: \_\_\_\_\_ **Departure Date:** \_\_\_\_\_  
 Island Address: \_\_\_\_\_ **Return/Renewal Date:** \_\_\_\_\_  
 Alternant (off Island) Address: \_\_\_\_\_  
 I can be reached at Telephone # :( ) \_\_\_\_\_ , E-Mail \_\_\_\_\_

**Property Information**

Vehicle(s) Left at Residence: Driveway: \_\_\_\_\_ Garage: \_\_\_\_\_  
 1: Make \_\_\_\_\_ Color \_\_\_\_\_ Island License # : \_\_\_\_\_  
 2: Make \_\_\_\_\_ Color \_\_\_\_\_ Island License # : \_\_\_\_\_  
 Lights On: Inside: \_\_\_\_\_ Outside: \_\_\_\_\_ Timer: \_\_\_\_\_ Sensor: \_\_\_\_\_  
 Alarm(s): NO: \_\_\_\_\_ Yes: \_\_\_\_\_ Silent: \_\_\_\_\_ Audible: \_\_\_\_\_  
 Hazards on property: \_\_\_\_\_ (Ex. Trip Hazards, Low Clearance, ETC.)  
 Knox Box for property: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Pets Left at Residence: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Description of Pet(s): \_\_\_\_\_

**Contact Person(s) Information**

Person(s) Checking House, Feeding Pets, Emergency Contact: *(circle all that apply)*  
 Name: \_\_\_\_\_ Home Telephone ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Telephone ( ) \_\_\_\_\_  
 Vehicle Information: \_\_\_\_\_ Cell Telephone ( ) \_\_\_\_\_  
 Has a key to property: Yes: \_\_\_\_\_ No: \_\_\_\_\_

I authorize the Bald Head Island Department of Public Safety to completely check my property in my absence. They may enter my residence should a break-in or other serious problem occur while I am gone.

I understand that the Public Safety Office has every intention of preventing property damage, break-ins, vandalism, theft, etc. The department cannot guarantee that this will not happen. Although The Bald Head Island Department of Public Safety will make every effort to check my property, I understand that they cannot guarantee how often it gets checked, especially if I will be gone for only a short time. Further more, should a problem arise at my residence or on my property, neither the Bald Head Island Department of Public Safety nor the Village of Bald Head Island will be held liable.

***I understand that rental properties and houses that are "for sale" do not qualify for these services.***

***I understand that this request is good for 30 days and must be renewed with a new form every 30 days with a maximum cumulative total of 120 days per calendar year. Failure to do so will terminate the request.***

Upon my arrival home, I will immediately notify the Bald Head Island Department of Public Safety of my return by either stopping by the department's office, or telephoning them at (910) 457-5252. Failure to do so 3 times may result in the residence not being placed back on the house check list.

Date \_\_\_\_\_ Signature \_\_\_\_\_

<b>Day #</b>	<b>Date</b>	<b>Time Checked</b>	<b>Officer</b>	<b>Remarks</b>
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<b>END</b>				

Date Filed \_\_\_\_\_ BY: \_\_\_\_\_

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