



Courtesy Residential Security Check Application

The Town of Magnolia Springs, in cooperation with the Baldwin County Sheriff's Office, provides a Courtesy Residential Check while citizens go on vacation. If you are interested in utilizing this service please follow the instructions below.

- Complete the attached form in its entirety.
- Submit your application 3-5 days prior to your vacation. Advance notice is required for processing and scheduling.
- Let us know if your neighbors are aware that you are away.
- Try not to leave any vehicles in your drive way or on your street during your absence (to avoid possible theft or vandalism).
- To avoid possible theft of mail, newspapers and/or packages, please stop those services or make the necessary arrangements to have them collected.
- As a crime prevention tip, we encourage you to not leave any lights on in your front porch unless they are on a timer. We encourage you to use timers on interior lights as well.
- Please call us immediately upon your return @ 251-965-9888, especially if you return prior to the date listed on the application. Shortly after, we will mail you a recap of the services rendered.

Neither the Town of Magnolia Springs nor the Baldwin County Sheriff's Office will be held responsible in the event there is criminal activity committed on your property while you are away. The Courtesy Residential Check is a service provided by the deputy assigned to the Town of Magnolia Springs and will occur only when the deputy is on duty. No courtesy checks will be provided by the Baldwin County Sheriff's Office in the absence of the Magnolia Springs Deputy. The Courtesy Residential Check will occur at various times of the day and night throughout your absence. It is strongly encouraged you provide any and all information deemed necessary to assist the deputy in performing courtesy checks. If any criminal activity has occurred during your absence, contact the Town of Magnolia Springs Deputy immediately.



RESIDENTIAL SECURITY CHECK APPLICATION

DATE: _____

NAME: _____ PHONE _____

ADDRESS _____

CROSS STREET _____

LEAVING RETURNING
Date _____ Time _____ Date _____ Time _____

*****IMPORTANT: Please call us immediately upon your return at 251-965-9888*****

EMERGENCY CONTACT INFORMATION

Name- _____ Address _____ Phone _____

EMERGENCY CONTACT INFORMATION

Name- _____ Address _____ Phone _____

Will lights be left on? Yes _____ No _____ If yes, location _____

Will pets be at home? Yes _____ No _____ If yes, details _____

Newspaper Stopped? Yes _____ No _____ Mail Stopped? Yes _____ No _____

Lawn Service? Yes _____ No _____ If yes, which day(s) _____

Will doors & windows be secure? Yes _____ No _____ If no, What is not secured? _____

What would you like checked? Front only? _____ Front & Backyard? _____

List the names & vehicles of any person(s) allowed at the residence during your absence?

1. _____ 2. _____

Name of person completing form _____ Accepted by: _____

****Use the back of the application for any additional information****

APPLICATION FILED (check one) Via the telephone _____ In person _____

(for office use only)
Follow up letter- Date _____ Response _____ Yes _____ No . If yes, explain _____