

GUEST AUTHORIZATION REQUEST

Section I Service Member Information: Please print.

Service Member's Name (<i>last, first, MI</i>):	Rank/Rate:
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Permanent Duty Station (<i>Include Work Phone #</i>):	Quarters Assigned (<i>Street, Apt #, City, State, Zip, Home Phone</i>):
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Section II This request is valid for up to 30 days. If you anticipate your guest(s) will remain beyond 30 days, a written request must be submitted to the Local Housing Officer, via your Commanding Officer, and must be approved prior to the expiration of this request.

GUEST INFORMATION

Name (First, M. I., Last)	Age	Relationship to Resident	Arrival Date	Departure Date

CERTIFICATION: Jointly and individually, we hereby certify that no financial consideration is being paid to the resident or any member of this family by the guest(s) as rental for occupancy of the premises. Additionally, the assigned member is responsible for the conduct of his/her guests.

Guest Signature:	Date:
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Service Member's Signature:	Date:
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Section III: AUTHORIZATION

<input type="radio"/> Approved <input type="radio"/> Disapproved	Local Housing Officer Signature:	Date
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Remarks
