



REQUIRED BOX LABEL

Activity Contact (Please fill in the following):

Agency: DEPARTMENT OF DEFENSE

Location: Fort Hood
(Name of Base, i.e. Pentagon, JB Andrews, etc)

Component: Army
(Select One - Army, Navy, Air Force, or 4th Estate)

Activity: _____
(Organization's Name - optional)

POC Name for Collection: _____

POC Phone / Email: _____

DoDFedsFeedFamilies@cpms.osd.mil
<http://www.defense.gov/fedsfeedfamilies/>

(Attach this to collection box using STRONG tape)