

**GUEST AUTHORIZATION REQUEST
 BASE KODIAK HOUSING**

Section I - General Information

Service Member's Name (<i>Last, First, MI</i>):		Rank/Rate:
Permanent Duty Station (<i>Include Work Phone #</i>):	Quarters Assigned (<i>Street, Apt #, City, State, Zip, Home Phone</i>):	

Section II - Guest Information

This request is required for guests occupying government quarters over 21 days.

Name (<i>Last, First MI.</i>)	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 member the unit is assigned to is responsible for the conduct of his/her guests.

Service Member's Signature:	Date:
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Section III - Authorization

Approved Disapproved	Area Housing Officer Signature: <i>Required for 21-30 Day requests.</i>	Date:
Approved Disapproved	Area Housing Authority Signature: <i>Required for over 30-Day requests.</i>	Date:

Remarks