

NOTICE OF INTENT TO MOVE FROM OWNED OR LEASED QUARTERS

Date _____

From: _____
Rank/Rate _____ Name _____

To: Local Housing Officer:

1. I intend to move out of Government Owned/Leased Quarter on: _____.

My current address is:

Address _____

City _____ State _____ Zip _____

Telephone: _____

2. Reasons for this move is (check one)

____ PCS transfer to (Specify Unit) _____

____ Discharge/release/retirement from active duty on _____
Date

____ Voluntary move because (explain why): _____

3. My forwarding address will be:

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

4. I understand I must give at least 45 days notice to the Local Housing Officer. I will contact the Local Housing Officer no later than 30 days before termination date to schedule my preliminary checkout and final checkout.

Signature

Date

Commanding Officer
U.S.Coast Guard
Bldg. 5215 Attn: Housing Dept.

Air Station Cape Cod, MA 02542