HOUSING MODIFICATION FORM

ISC HONOLULU HOUSING FORM HSG-001 U. S. COAST GUARD

NAME (Last, First, MI):	RANK/RATE:	SOCIAL SECURITY NUMBER:
DUTY STATION:	WORK PHONE:	HOME PHONE:

ADDRESS (Street, City, State, Zip Code):

TYPE OF WORK: (CARPENTRY, ELECTRICAL, PLUMBING, MASONRY, ETC.)

LOCATION: (LIVING ROOM, KITCHEN, BEDROOM, FRONT, BACK, ETC.)

DETAILED PLANS: (SKETCH OF MODIFICATION – USE REVERSE SIDE IF NECESSARY)

COST FACTORS

COST OF MATERIALS:	$
COST OF LABOR:	$
COST OF CONTRACTORS:	$
OTHER COSTS:	$

MEMBER'S CERTIFICATION

I hereby request authorization to modify my government owned quarters as indicated. I certify that I have read, understand, and acknowledge to comply with ISCHONOINST M11101.2D, and prior to termination of quarters, it shall be my responsibility to repair the unit to original condition. If approved as a permanent fixture by the Government, it is still my responsibility to maintain the condition of the modification during my occupancy of housing.

_____ / _____

Member's Signature **Date**

❑ **HOUSING OFFICE** ❑ **HOUSING MAINTENANCE**

❑ **AUTHORIZED:** But required that the quarters be returned to the original condition prior to vacating. The member shall be liable if restoration is not to original condition.

❑ **AUTHORIZED:** To remain permanently as Government Property.

❑ **UNAUTHORIZED:**

_____/ _____	_____/ _____
Housing Office **Date**	**Housing Chief** **Date**