

U.S. Coast Guard (Rev. 9/98)	NOTICE OF INTENT TO VACATE GOVERNMENT OWNED OR LEASED QUARTERS
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USE OF FORM: This form shall be submitted to the Local Housing Office 45 days in advance of your anticipated departure / vacating date. Please complete all blocks and print legibly.

Name <i>(last, first, MI)</i>	Emp ID:	Rank
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Current Quarters and Phone Number:	Bedroom Size:	Category Type: <input type="radio"/> Government Owned Family Quarters <input type="radio"/> Leased Family Quarters <input type="radio"/> Unaccompanied Personnel Leased Housing (UPLH) <input type="radio"/> Unaccompanied Personnel Housing (UPH)
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Current Duty Station and Phone Number:	New Duty Station:
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Reason for Vacating: <input type="radio"/> PCS Transfer <input type="radio"/> Discharge/RELAD <input type="radio"/> Retirement <input type="radio"/> Relocation to: _____ <input type="radio"/> Other:
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Inspection Dates: Fill-in Pre-Check-out and Final inspection dates/times. You are responsible for being at your unit at these times. Reminder that changes to the below can affect scheduled check-in dates for incoming personnel. Contact Housing immediately of any changes to the below.

Pre-Check Out Inspection Time and Date:	Final Inspection Time and Date:
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Tenant Signature:	Date:
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Inspection Dates noted in appt book <i>(Housing Rep Signature)</i> :	Date:
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Housing Use Only

Unit Cleared by <i>(Housing Management Signature)</i> :	Date:
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No. of Keys Returned:	Mailbox Keys Returned:
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