

Department of Homeland Security  
U.S. Coast Guard  
BASEKODHSG-002 (Rev. 06/23)

# HOUSING OFFICE REQUEST/COMPLAINT

(CHECK ONE)

GENERAL REQUEST

COMPLAINT

## Section I: Service Member Information- (Please Print)

Service Member's Name (Last, First, MI):

Rank/Rate:

Permanent Duty Station (Include Work Phone #):

Quarters Assigned (Street, Apt #, City, State, Zip):

Phone Number:

## Section II: Request or Complaint-

**CERTIFICATION:** I have read and understand the regulations stated in the CG Housing Manual, COMDTINST M11101.13 (series) and Coast Guard Base Kodiak Area Housing Authority Policy, BASEKODIAKINST M11101.2(series) pertaining to my request. I understand the Housing Authority reserves the right to revoke my privileges if I fail to abide by any of these regulations.

Service Member's Signature:

Date:

## Section III: AUTHORIZATION

Approved  
Disapproved

Local Housing Officer Signature (Please Print and Sign):

Date:

Remarks: