

Department of Homeland Security  
U.S. Coast Guard  
BDBQN HSG-002 (Rev. 12/19)

# HOUSING OFFICE REQUEST / COMPLAINT FORM

(CHECK ONE)

- |  |  |
|--|--|
| <input type="checkbox"/> SELF-HELP         | <input type="checkbox"/> COMPLAINT                 |
| <input type="checkbox"/> SPECIAL REQUEST   | <input type="checkbox"/> ABSENCE FROM QUARTERS     |
| <input type="checkbox"/> RAY PARK FIRE PIT | <input type="checkbox"/> COMMUNITY CENTER FIRE PIT |

## 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, Home Phone*):

## Section II: Description of Request of Complaint: (include dates, contact info, etc.)

**CERTIFICATION:** I have read and understand the regulations stated in the CG Housing Manual, COMDTINST M11101.13 (series) and Government Owned and Leased Housing Resident Handbook, BDBQN M11101.3 (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