



FORT McCOY MWR ACCOMMODATIONS APPLICATION

PLEASE FILL IN COMPLETELY:

NAME, LAST	FIRST	MI	RANK	
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ROOM PHONE/CELL	WORK PHONE
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HOME ADDRESS

CITY	STATE	ZIP
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MAILING ADDRESS

CITY	STATE	ZIP
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<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
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EXPECTED ARRIVAL DATE:	EXPECTED LENGTH OF STAY:
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PREFERENCE: <input type="checkbox"/> PRIVATE BATH	<input type="checkbox"/> SHARED BATH
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DRIVERS LICENSE # AND STATE:

ARE YOU ON THE FAMILY HOUSING WAITLIST:	<input type="checkbox"/> YES <input type="checkbox"/> NO
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UNIT NAME

UNIT ADDRESS

COMMANDER

EMAIL ADDRESS:

EMERGENCY

CONTACT: _____

STORAGE UNIT # _____

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED

APPROVAL DATE

BLDG. ASSIGNMENT:	ROOM ASSIGNMENT:
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