HOUSING WELCOME CENTER

U. S. Naval Base, Guantanamo Bay, CUBA

ABSENT FROM QUARTERS FORM

RESIDENT'S NAME:_____

QUARTERS ADDRESS:_____

COMMAND:_____ **BOX #:**_____

WORK#:_____ **HOME#:**_____

Vacation Dates: My family and I will be absent from our quarters

From:_____ **To:**_____

The following person(s) are authorized to house sit and/or oversee my quarters during my absence. He/She has agreed to maintain the quarters and the grounds and should be contacted in case of an emergency.

CIRCLE ONE: HOUSE SITTER OVERSEER

NAME:_____ Rank/Rate/Grade:_____

COMMAND:_____ WORK#:_____ HOME#:_____

STATEMENT OF UNDERSTANDING

I understand that submission of the above information does not release me from liability and responsibility for my quarters during the period of absence. I understand that should any damages occur to the quarters during my absence I will be charged accordingly. I further understand that should any disturbances or disagreements arise between my house sitter and the neighbors, the house sitter will be required to vacate the quarters.

_____ _____

Resident's Signature Date Signed

_____ _____

House Sitter / Overseer's Signature Date Signed

Copy to:
Security

NAVSTA GTMO 11101/10 (REV 6/05)

Print Form