

Figure III-2.0.F

**Fort Bliss
Request For Exception To Occupancy Policy Form**

REQUEST DATE: _____ DAY: _____ TIME: _____

RESIDENT NAME: _____

HOME ADDRESS: _____

NATURE OF THE EXCEPTION:

PERSONS STAYING IN THE HOME:

EXPECTED DATE OF RETURN:

RESIDENT SIGNATURE: _____

Please Print: _____

MANAGEMENT SIGNATURE: _____

DATE: _____ REQUEST APPROVED: _____ REQUEST DENIED: _____