

PRIVACY ACT STATEMENT

Authority for solicitation of SSN is Executive Order 9397. SSN will be used for positive ID. Disclosure of this information is voluntary; however, failure to disclose could possibly result in delay in assignment of quarters through the Assignment/Community Homefinding, Relocation and Referral Services (CHRRS) Branch.

ATZR-EHA (210-50m)

DATE \_\_\_\_\_

MEMORANDUM FOR Chief, Housing Management Division, ATTN:  
ATZR-EHA, Fort Sill, OK 73503-5100

SUBJECT: Request for Proxy

I designate the following person to accept/sign for/terminate on-post Government quarters during my absence from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Proxy Name (Please print) Rank

\_\_\_\_\_  
Unit Phone #

\_\_\_\_\_  
Home phone #

\_\_\_\_\_  
Signature SSN

ATZR-EHA 1st End

Housing Management Division, Assignment/CHRRS Branch, Fort Sill,  
OK 73503-5100 DATE \_\_\_\_\_

FOR

Recommend approval/disapproval.

EDWARD H. THIESSEN  
Chief, Housing Management  
Division