

PROPERTY CONTROL FORM

Indoor Swimming Pool, Rinehart Physical Fitness Center Sports
Branch, Community Recreation Division

Date: _____

Time: _____

Last Name - First Name - MI

Rank

Unit or Organization

Telephone

Tags Issued: _____

I agree to return all Tags on the same date of issue, no later than
10 minutes prior to closing.

Signature of Recipient

FS Form 89
(DPCA) 1 Jul 88

L 34 Army—Fort Sill, Okla.
