U.S. DOD Form dod-usmc-agcc-temporary-visitor-registration

TEMPORARY VISITOR REGISTRATION
(NOT TO EXCEED 30 DAYS)

TO: MAGTFTC FAMILY HOUSING OFFICE

DATE OF REQUEST: _____

FROM: _____
NAME RANK ORGANIZATION

_____
SSN HM PHONE WK PHONE

_____
ADDRESS

1. **This is to request that the following guest(s) to be registered as temporary visitor(s) in my quarters from _____ to _____, a total of _____days:**

NAME	AGE	SEX	RELATIONSHIP	ADDRESS

Are any of the above guests military members? : NO _____ YES _____
If yes, name and social security number of guest: _____
Are any of the above guests military spouses? : NO _____ YES _____

2. **It is understood that I am responsible for the behavior and well being of my guest(s) and they will not contribute to my income nor will they share in any of the household expenses.**

Signature _____ Date: _____

FIRST ENDORSEMENT **DATE:** _____

FROM: MAGTFTC FAMILY HOUSING

TO: _____

1. **RETURNED (APPROVED / DISAPPROVED)**
2. **CONTACT THE PROVOST MARSHALL'S OFFICE SHOULD YOU REQUIRE A VEHICLE PASS FOR YOUR VISITOR**

_____
FAMILY HOUSING REPRESENATIVE SIGNATURE