Balfour Beatty Communities

GUEST REQUEST

Name: _____

Address: _____

Contact Phone Number: _____

Rank (if applicable): _____

Unit/Duty Number (if applicable): _____

1. I, request an exception to policy to allow my guest or guest(s), to reside at my assigned home located at

   from (date) _____ until (date) _____.

2. My guest will be residing with me because (provide explanation, attach additional paperwork as needed):

   _____

   _____

   _____

3. If exception to policy is requested for more than one guest, explain:

   _____

   _____

   _____

4. My guest is named in my Family Care Plan ☐ Yes ☐ No. (If yes, attach supporting document).
5. I ☐ will ☐ will not reside in the home during the period of time requested. If Sponsor **will not** reside, attach supporting document such as orders.
6. Guest or guest(s) are Military ID Cardholders, ☐ Yes ☐ No. If yes, name/rank/duty station of guest's Sponsor and supporting documents (orders) and copies of photo Identification must be attached.
7. I understand that if this exception to policy is approved, then it is no guarantee that my guests will become ID cardholders, or will receive base/ID cardholder privileges, nor is it a guarantee that a guest's child will be allowed to attend on-post schools.
8. I accept full responsibility for my guest(s) at all times.

Guest Name (print)	Age:	Signature: _____
Guest Name (print)	Age:	Signature: _____
Guest Name (print)	Age:	Signature: _____

I understand that I must re-submit an exception to policy to request that my guest stay past the above designated ending date if this exception to policy is approved.

_____

(Resident Signature) Date

_____

(Owner Signature) Date

Bona Fide Guest Request is approved Not To Exceed (dd/mm/yyyy): _____