

Request for Extended Stay House Guest

Date	Resident Name	Address
Home Tel	Mobile	Email

Guest 1

Name	Social Security No.	Arrival Date	Departure Date
Relationship to service member: _____			
Purpose of visit: _____			

Guest 2

Name	Social Security No.	Arrival Date	Departure Date
Relationship to service member: _____			
Purpose of visit: _____			

I understand that I'm fully responsible for any actions or damages caused by my guest(s). All residents and guests will comply with IPC's Resident Guide and Community Standards and USAG-Hawaii's Military Installation Rules and Regulations.

TENANT

Print Name	Signature	Date
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LANDLORD PROPERTY MANAGER

Print Name	Signature	Date
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