BEQ CHECK IN/OUT FORM

PRIVACY ACT STATEMENT

Information contained on this form is maintained under the systems of records notice NM11101-1 DON Family and Bachelor Housing Program (April 1, 2008, 73 FR 17334). **AUTHORITY**: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; 10 U.S.C. 2831, Military Family Housing Management Account; DoD 4165.63-M, DoD Housing Management; and E.O. 9397 (SSN). **PRINCIPLE**: Military/civilian personnel eligible for/interested in occupying DON housing and those occupying DON housing (including privatized housing). **PURPOSE:** To determine an individual's eligibility for Navy or Marine Corps housing and to oversee housing occupancy once assigned. **ROUTINE USE:** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as identified in the Systems Notice. **DISCLOSURE:** Mandatory

TODAY'S DATE: _____

BRKS# ____ ROOM# ____ RANK ____ LAST NAME ____ FIRST NAME ____ BRANCH ____

COMMAND ____ UNIT ____ SHOP/ATTACHMENT ____ WORK PHONE ____ EAS ____

DATE OF BIRTH_____ SSN LAST 4: _____

ITEM DESCRIPTION	QUANITY	INITIALS	DISCREPANCIES
BED			
MATTRESS			
CHAIRS			
DRAPES			
REFRIGERATOR (Ser #) _____			
WALL LOCKERS			
NIGHTSTANDS			
SECRETARY			
TABLE LAMP			
FLOOR LAMP			
MICROWAVE (Ser #) _____			
RUG			
MIRRORS			
SHEETS			
BED SPREAD			
PILLOW			
PILLOW CASE			
KEY (Key Code #) _____			
BLINDS			

I ACKNOWLEDGE RECEIPT FOR THE LISTED ITEMS OF GOVERNMENT PROPERTY. I UNDERSTAND THESE ITEMS ARE MY RESPONSIBIBLTY AND THAT I WILL BE HELD RESPONSIBLE FOR (AND MAY BE REQUIRED TO PAY FOR) ANY LOSS, ABUSE OR DAMAGE. I FURTHER UNDERSTAND THAT I CAN NOT ADD TO OR REMOVE THESE ITEMS WITHOUT PRIOR APPROVAL FROM THE **BARRACKS MANAGER.** BEQ MANAGERS WILL WRITE A PAGE 11 ENTRY IF THE CORRECT KEY IS NOT TURNED BACK IN.

PRINTED NAME OF MARINE _____ SIGNATURE OF MARINE (CHECK-IN) _____

SIGNATURE OF MARINE (CHECK-OUT) _____

PRINTED NAME OF BEQ MANAGER _____ BEQ MANAGER SIGNATURE (CHECK-IN) _____

BEQ MANAGER SIGNATURE (CHECK-OUT) _____

Print Form

Reset Form