FAMILY HOUSING DIVISION
MARINE CORPS BASE CAMP LEJEUNE
CAMP LEJEUNE NC 28542-5000

DFH

DD MMM YY

FROM: Director, Family Housing Division, Marine Corps Base, Camp Lejeune
TO:

SUBJ: HOUSING REFERRAL SERVICE

1. You reported to the Housing Referral Service Office on _____

☐ Prior to making housing arrangements off-base.

☐ After making housing arrangements off-base.

_____
Housing Referral Service Representative
By direction

Print Form

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