Print Form

REQUEST FOR RELOCATION SERVICE
NAVMC HQ 876 (4-95) (EF)

REQUEST FOR RELOCATION SERVICE

The following relocation services have been explained to me, and I wish to take advantage of:

I. Guaranteed Home Sale	Approximate date I wish to vacate home	Estimated Value

II. Rental Property Management	III. Marketing Assistance

IV. Destination Area Assistance

Homesearch for the Buyer	Mortgage Counseling/Finding Assistance
Rental Homesearch	**Spouse Employment Counseling ($380, at employee's expense)**

V. Current Phone Number:	Home	Work	Address of property to be sold

I understand that if I do not fulfill the provisions of the transportation agreement, I will be liable for repayment of any relocation service costs incurred, including the cancellation fee.

Employee Signature _____ Date _____

Activity Relocation Service Counselor Signature _____ Date _____

I do not wish to participate in any of the relocation service program explained above. I understand this desision is irrevocable.

Employee Signature _____ Date _____

Activity Relocation Service Counselor Signature _____ Date _____

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