

FAMILY HOUSING DEPARTMENT
MCAS IWAKUNI, JAPAN

VACATING PROCEDURE

NAME: _____ RANK: _____ EDIPI (DOD#): _____
QUARTERS: _____ MILITARY ORGANIZATION: _____
WORK PHONE: _____ HOME PHONE: _____
ARRIVAL DATE: _____ PCS TYPE: REGULAR ☐, EARLY ☐, EMERGENCY ☐
PRESENT ROTATION DATE: _____

TO INDICATE YOUR ACKNOWLEDGEMENT, PLEASE INITIAL.

_____ I understand that I will be charged for failure of final inspection. I understand that advance notice of 5 working days is required to reschedule my final inspection.

_____ Preliminary Inspection will be scheduled in the afternoon: Purpose: To inspect your quarters/equipment/furnishing for maintenance and repair.

_____ Courtesy Inspection: (only for voluntary relocations) One day prior to the final inspection. This is not a mandatory inspection but rather a courtesy. **This is not a final inspection. Failure of the final inspection will result in payment for cleaning of quarters.**

_____ Final Inspection: *Once final inspection is scheduled, advance notice to reschedule final inspection must be made 5 working days prior.* No show to your final inspection will result in rescheduling for the following business day, which may affect your Temporary Lodging Allowance (TLA). All items with the exception of loaner furniture must be removed from quarters and storage area. **Residents may be charged for failure of final inspection. Payments must be made by cashier's check or money order paid to the order of U.S. Treasury.** If you have any items checked out from Self-Help, please return and have the Self-Help Clerk sign the checkout form before coming to Family Housing to pick up your voucher to reinstate your Basic Housing Allowance for Housing with IPAC/PSD. Check-out sheets cannot be signed until after final inspection. **Active Duty departing the station on PCS Orders: TLA is authorized to sponsor with family members on Accompanied Orders. TLA will be reimbursed for 10 days prior to fly out date. An overlap of 5 days is provided on departure. Ref: III MEF/MCIPAC-MCBBO 7220.1B**

Member's signature: _____

FOR OFFICE USE

DATE CHECKED IN: _____ DESIGN: _____ BR: _____

RELOCATED FROM QTRS: _____ ON _____ DESIGN: _____ BR: _____

TERM OF OCCUPANCY: YR(S) _____ AND MOS _____

Pack Out: _____
Fly Out: _____
Move to TLF: _____

PRE-TERMINATION INSPECTION: _____ TIME: _____

COURTESY INSPECTION: _____ TIME: _____
(Only for voluntary relocate)

FINAL INSPECTION: _____ TIME: _____

MAINTENANCE WORK: _____

MOVE-IN DATE: _____