



APPLICATION FOR STORAGE OF HOUSEHOLD EFFECTS

NAME: _____

ADDRESS: _____

REASON STORAGE SOUGHT (please tick):

RELINQUISHING RENTAL ACCOMMODATION

OTHER (please detail): _____

NOTE: It is recommended that you take out household/personal effects insurance whilst your belongings are in storage, neither the AAD nor GRACE cover them. Please talk to your GRACE Coordinator for further information.

SIGNATURE: _____ **DATE:** _____

OFFICE USE

Station: _____ Departure Voyage / Flight No.: _____

Summer Winter Round Trip

Application meets requirements: Signature: _____
 Personnel Services Supervisor

Date: _____

Where application does not meet normal requirements:

I recommend this application be APPROVED/NOT APPROVED for the following reason(s):

This recommendation is APPROVED/NOT APPROVED

Delegate Signature: _____ Date: _____

Expeditioner Notified: YES NO Date: _____