

APPLICATION FOR STORAGE OF HOUSEHOLD EFFECTS

NAME:			
ADDRESS:			
REASON STORAGE SOUGHT (please tick):			
☐ RELINQUISHING RENTAL ACCOMMODATION	NC		
☐ OTHER (please detail):			
NOTE: Household storage in Hobart is provide household/personal effects insurance whilst your Please talk to your Grace Coordinator for furth	our belongings are in storage		
SIGNATURE:		DATE:	
OFFICE USE			
Station:	Departure Voyage / Flight No.:		
□ Summer □	Winter	☐ Round Trip	
Application meets requirements: Signature:	Senior Peop	e Advisor	
0.4			
Date:			
Where application does not meet normal requi	rements:		
I recommend this application be APPROVED/NOT APPROVED for the following reason(s):			
This recommendation is APPROVED/NOT APPRO	OVED	······································	
Delegate Signature:		Date:	
Expeditioner Notified: YES NO	Date:		