



Ft Leavenworth FMWR Vehicle Storage Registration Form

RV Storage Lot POV Resale Lot Stables

Last Name	First Name	M.I.	Name of Spouse/POC
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Street Address

City	ST	ZIP
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Organization/Employer	Rank/CIV/CTR/RET
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Personal Phone #:	Spouse/POC Phone #:
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Duty/Work Phone #:	Spouse/POC Work #:
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Personal Email:	Spouse/POC Email:
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Work Email:	Spouse/POC Work Email:
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Vehicle Type: (Auto, Truck, Boat, Utility Trailer, RV, Camper, 5th Wheel, Travel Trailer, etc)

Vehicle Year:	Vehicle Make:
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Vehicle Model:	Vehicle Color:	Vehicle Length (including hitch):
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Vehicle License State:	Vehicle License Number:	Vehicle License Expiration:
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I attest that the information given on this form is correct and will abide by FMWR regulations concerning the usage of and storage in/at the RV Storage Lot and/or POV Resale Lot and/or Stables area parking.

<i>Signature</i>	<i>Date</i>
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PRIVACY ACT STATEMENT AUTHORITY: 10 U.S.C. 3013, Secretary of the Army; Public Law 105-85, Fiscal Year 98, National Defense Authorization Act; and Executive Order 9397.
PRINCIPAL PURPOSE: To secure sufficient information from the individual so to determine eligibility.
ROUTINE USES: Information is used for official purposes within the Department of Defense; specifically, to process requests for FMWR services and/or goods. This information may be used in accordance with established Routine Uses for all Department of Defense and Department of the Army system notices.
DISCLOSURE: Disclosure of the Social Security Number and other personal information is voluntary. However, failure to provide complete information may hinder proper identification of the requester, and may prevent the agency from determining eligibility of the requester for services and/or goods.