

**FORT STEWART / HUNTER ARMY AIRFIELD  
MILITARY POLICE**

**Request for Quarters Check**

Name \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_

Reason for Request \_\_\_\_\_

Current Defects  
to Quarters \_\_\_\_\_

Emergency Contact  
Name and Address \_\_\_\_\_

**Statement of Liability**

By signing this form, the requestor states that he/she will not hold Fort Stewart / Hunter Army Airfield Military Police responsible for any damages incurred to the residence during his/her absence, and furthermore that the requestor has taken all necessary precautions to ensure that the above noted quarters were secured upon departure. Military Police patrols will conduct daily checks of quarters to ensure the security of the aforementioned quarters.

Requestor

Approving Authority (MP Desk Sergeant)

Printed Name \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_