

**GUIDE FOR FILING CLAIMS FOR  
DAMAGE OR LOSS DUE TO  
THEFT, VANDALISM, TYPHOON,  
FIRE, FLOOD, OR OTHER  
UNUSUAL OCCURRENCES**



Building 218

Room 222

645-4742



Okinawa, Japan

*(Updated July 2016)*

# GUIDE FOR FILING CLAIMS FOR DAMAGE OR LOSS DUE TO THEFT, VANDALISM, TYPHOON, FIRE, FLOOD, OR OTHER UNUSUAL OCCURRENCES

Torii Claims Services

You have indicated intent to file a claim for loss or damage of your private property due to theft, vandalism, fire, typhoon, fire, flood or other unusual occurrence from your quarters or other authorized place. There are two ways to submit a claim for damage:

1. You may file your claim with Army either by paper or electronically via PCLAIMS, the Army's on-line filing program. The URL for PCLAIMS is: <http://www.jagcnet4.army.mil/pclaims>. You must possess an AKO username and password to access the system. Filing a claim consists of 2 steps – creating or updating your personal profile and filing a notice of loss or claim. In PCLAIMS you may not only file a notice of loss or claim but also track or view the status of your previous claims.
2. You may also file by paper with your local Claims Office. Please see the information below regarding the process to file a paper claim.

*[Note: Any claim for damage that was primarily caused by the fault or negligence of a government contractor must first be referred to the contractor for settlement. We can assist in referring the claim to the contractor].*

We would like to compensate you for your loss or damages as quickly as possible. To help us do this, the following documents must be submitted with your claim:

DD Form 1842 and DD Form 1844

- Form 1842 **MUST** be signed and a specific amount claimed

A simple diagram of your quarters showing the location of the property stolen, lost, or damaged *(If loss occurred at your quarters)*

Assignment of on-base quarters/off-base quarters lease *(If loss occurred at your quarters)*

Written repair estimate for damaged items (normally only required for items having value in excess of \$100)

- Estimate **MUST** be written in English
- Estimate **MUST** describe the repairs to be made, and if an item is not repairable, state why it is not repairable
- Used auto body and glass replacement parts in Japan usually costs 50% less than new parts. In line with insurance industry practices, it is standard to make auto body and glass repairs with quality used parts for any car 5 years and older. Used parts must be in good quality and in the mechanic's view appropriate with regard to safety and reliability. The 5<sup>th</sup> Air Force Staff Judge Advocate requires repair estimates to include repair costs utilizing used parts. You **MUST** have the estimator include the cost of repair with used parts. If used parts are: not available, cannot feasibly be used in the repair, would

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cost more than new parts (considering charges for labor of searching for parts and transportation of said parts), or the estimator will not include them in their business - the estimator must indicate those reasons on the estimate. **If you submit a claim that does not comply with this requirement, we will deduct 50% from the cost of new parts.** Claimants can always ask the estimator to include the cost of repair using new parts in addition to the required estimate above. Claimants may also elect to pay the “new parts” cost over and above the used parts cost.

- Statements from any witnesses, such as friends or neighbors, who were aware of the incident causing the loss or damage, the nature and value of your property, and any precautions taken by you to protect said property
- Evidence of value and ownership such as receipts, bills of sale, credit card statements and photographs
- A copy of the Japanese original title (*for vehicle damage only*)
- Military registration and certification of title (*for vehicle damage only*)
- A copy of the current vehicle insurance policy (*for vehicle damage only*)
- A copy of your private insurance policy and insurance settlement (*If loss is partially or completely covered by insurance*)
  - You must first settle with your insurer if you have any insurance which may cover all or part of your loss
- A copy of work order(s) (*if applicable*)
  - If the loss was attributable, in whole or in part, to some condition of the quarters: i.e., leaky roof, malfunctioning refrigerator, etc.
- Replacement cost estimate
  - If the item is lost, totally destroyed, or is not repairable, provide the replacement cost for the same or similar item
  - This can usually be obtained from the PX/BX, or from a commercial catalog or website (please print page and submit as part of the claim)
- Police report (*if lost or damage due to theft or vandalism*)
- Electronic funds transfer form
- Power of attorney (*if applicable*)
  - You must have a POA if you are filing for your sponsor, spouse, or someone else

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*[Please note: Claims for damage to an outdoor shed located in military housing areas are not payable unless the outdoor shed is authorized and in compliance with the military installation and military family housing rules and regulations and there is evidence that proper steps have been taken to secure the shed from theft and typhoon damage].*

**DO NOT DISPOSE OF DAMAGED ITEMS UNTIL YOU CONSULT THE CLAIMS OFFICE. THE ITEMS MAY BE NECESSARY TO SUBSTANTIATE THE TYPE OF DAMAGE OR TO PROVE YOUR OWNERSHIP OF THE ITEM.**

**ALL CLAIMS MUST BE FILED NO LATER THAN TWO (2) YEARS FROM THE DATE OF INCIDENT GIVING RISE TO THE CLAIM.**

If you have any questions regarding the filing of your claim or completing any forms please contact the Army claims office at 644-4742 or come visit us on Torii Station at Building 218, Room 222.

## Customer Service Hours

Monday thru Friday: 0730 – 1130 and 1300 – 1600

With exception of

Thursday: 1300 – 1500

NOTE: Fraudulent Claims. The submission of a claim that contains information known to be false is a crime. Obviously, a claim for an item you did not own or did not ship is illegal. It is also illegal to deliberately falsify purchase prices, dates of purchase, and similar information. Claims suspected of fraud are usually referred to the Criminal Investigation Division (CID). Verified fraud may be dealt with by prosecution, disciplinary action, and/or denial of payment on your entire claim. The maximum punishment under the Uniform Code of Military Justice for a fraudulent claim includes a dishonorable discharge and 5 years confinement. Therefore, you should be very careful in filling your claim.

I have read and understand the “Guide for filing claims for damage or loss due to theft, vandalism, typhoon, fire, flood, or other unusual occurrences” presented to me by claims personnel.

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Signature

# GUIDE FOR FILING CLAIMS FOR DAMAGE OR LOSS DUE TO THEFT, VANDALISM, TYPHOON, FIRE, FLOOD, OR OTHER UNUSUAL OCCURRENCES

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**Please feel free to share this note with the garage you are working with to assist you in receiving a valid estimate.**

To Garage:

This repair is for damage to the claimant's vehicle caused by government activities. Please provide the claimant with an accurate written estimate of repair. For any car 5 years or older, it is appropriate to make auto body repairs with quality used parts. If quality used parts are not available, not feasible or would cost more than the new parts, please state so on the estimate. If used parts are available but the claimant wants the estimate to include the cost of new parts as well, the estimate will need to show prices for both new and used parts. When the claimant disregards this requirement, 50% will be deducted from the cost of new parts. Thank you.

修理工場各位様

これから作成していただく修理の見積書は、当アメリカ合衆国軍側が原因で発生した事故により、損害を受けた方々(軍人・軍属)への損害請求手続きに必要な書類です。よって、以下の注意事項を考慮の上正式な修理見積書を作成していただくよう、お願い申し上げます。

5年を経過した車両の修理には中古部品を適応してください。もし、中古部品が入手困難な場合、使用が適正でない場合、或は中古部品使用の方が高額になる場合等、その理由を見積書に明記して下さい。尚、中古部品があっても客(車の修理依頼者)の好みであえて新品部品を使用する場合にも、その旨見積書に明記して下さい。その場合は、新旧部品、両方の値段を書いて下さい。

\*上記に違反しますと、支払元(軍)は不当新品部品使用とみなしてその部品額の50%をカットします。

**CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE**

**PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)**

1. NAME OF CLAIMANT <i>(Last, First, Middle Initial)</i>	2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER
5. HOME ADDRESS <i>(Street, City, State and Zip Code)</i>		6. CURRENT MILITARY DUTY ADDRESS <i>(If applicable) (Street, City, State and Zip Code)</i>	
7. HOME TELEPHONE NO. <i>(Include area code)</i>	8. DUTY TELEPHONE NO. <i>(Include area code)</i>	9. AMOUNT CLAIMED	
10. CIRCUMSTANCES OF LOSS OR DAMAGE <i>(Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)</i>			

11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? <i>(E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)</i>	YES	NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? <i>(If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)</i>		
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? <i>(If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)</i>		
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? <i>(If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)</i>		
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? <i>(If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)</i>		

16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:  
 If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, my agent checked all rooms in my dwelling to make sure nothing was left behind.  
 I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.  
 I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.

17. SIGNATURE OF CLAIMANT <i>(or designated agent)</i>	18. DATE SIGNED <i>(YYYY MMDD)</i>
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**PART II - CLAIMS APPROVAL (To be completed by Claims Office)**

19. PROCEDURE <i>(X one)</i>	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:	\$
<input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS		
21. SIGNATURES <i>(Signatures at a and c not required if small claims procedure is utilized)</i>		
a. CLAIMS EXAMINER	b. DATE SIGNED <i>(YYYY MMDD)</i>	c. REVIEWING AUTHORITY
d. DATE SIGNED <i>(YYYY MMDD)</i>		
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY	f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED <i>(YYYY MMDD)</i>

**PRIVACY ACT STATEMENT**

AUTHORITY: 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): Filing, investigation, processing and settlement of claims for losses incident to service.

**ROUTINE USES:**

a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:

- (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
- (2) Collection from claimants of improper payments or overpayments.
- (3) Investigation of possible fraudulent claims.
- (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.

b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to the proper claimant and avoid duplication of claims.

DISCLOSURE: Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

**INSTRUCTIONS TO CLAIMANTS**

1. You must submit your claim in writing within two years of the date of the incident giving rise to the claim. This two year time limitation may not be waived.

2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (*such as a spouse*) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.

3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840 R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.

4. You may obtain further information from a Claims Office.

5. You are entitled to claim the following:

a. Reasonable local repair cost, if an item can be economically repaired. (*You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.*)

b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (*Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.*)

c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (*Normally, you may not claim appraisal fees.*)

**PART III - DENIAL OR SUPPLEMENTAL PAYMENT** (*To be completed by Claims Office*)

<p>23. DENIAL (<i>X if applicable</i>)</p> <p>The claim is not cognizable or meritorious under 31 U.S.C. 3721 and the applicable provisions of the controlling departmental regulation, and is denied.</p>	<p>24. SUPPLEMENTAL PAYMENT (<i>X and complete if applicable</i>)</p> <p>The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated: \$</p>
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<b>25. SIGNATURES</b>			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYY MMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYY MMDD)

<b>25. APPROVING/SETTLEMENT AUTHORITY</b> ( <i>Settlement Authority is required for denial.</i> )			
a. TYPED NAME	b. GRADE	b. SIGNATURE	c. DATE SIGNED (YYYY MMDD)

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Torii Claims Services

## Instructions on how to complete DD Form 1844

1. NAME OF CLAIMANT (Last, First, Middle Initial) SMITH, JOHN D			3. PICK-UP DATE (YYYYMMDD) N/A		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)									
2. CLAIMANT'S INSURANCE COMPANY (if applicable)			4. DELIVERY DATE (YYYYMMDD) N/A		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR			
a. NAME IF APPLICABLE			b. POLICY NO. IF APPLICABLE		15. INVENTORY DATE (YYYYMMDD)		18. EXCEPTION SHEET DATE (YYYYMMDD)		23. GBL NUMBER		24. LOT NUMBER			
5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS <small>(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")</small>	8. INV. NO.	9. ORIGINAL COST	10. MM/YYYY PURCHASED	11. AMOUNT CLAIMED a. Repair Cost b. Replacement Cost	16. EXCEPTIONS	19. INV. NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
1	1	2002 RED TOYOTA 4 DOOR SEDAN		3200.00	11/2012									
		DENT - FRONT LEFT FENDER				87.00								
		WINDSHEILD BROKEN (CANNOT BE REPAIRED)				200.00								
		** BE SURE TO INCLUDE: BRAND, NAME/MAKE, MODEL, YEAR, SIZE, SERIAL NUMBER IN ALL DESCRIPTIONS IF APPLICABLE												
12. REMARKS N/A			13. TOTAL \$ 287.00		30. TOTAL AMOUNT ALLOWED \$		31. THIRD PARTY LIABILITY \$							

**DO NOT WRITE IN THIS SECTION OF THE FORM**

**BOXES 14-31 ARE FOR CLAIMS OFFICE USE ONLY**

DD FORM 1844, MAY 2000

PREVIOUS EDITION IS OBSOLETE.

Page of Pages

### Instructions for completing form:

Box 1: Service members name

Box 2 (a. and b.): Only complete if you have filed a claim with your private insurance

Box 3: N/A

Box 4: N/A

Box 5: This is the line number, see example

Box 6: List the quantity of items that will be claimed on each line

Box 7: Name the item and then list the damage to the item that you wish to claim (as specific as possible)

Box 8: Leave Blank

Box 9-10: In this box note the original cost of the item and the year the item was purchased.

Box 11 (a. and/or b.): In this box you will list the amount you wish to claim on the item – either the repair cost or replacement cost (if costs of more than one item are being claimed, please indicate the TOTAL amount)

Box 12: N/A

Box 13: In the box with the dollar sign (\$). This is the total amount of your claim. This is the amount that goes in box 9 on the DD Form 1842.

**DO NOT FILL IN BOXES 14-31 - THESE BOXES ARE FOR CLAIMS OFFICE USE ONLY**

1. NAME OF CLAIMANT (Last, First, Middle Initial)			3. PICK-UP DATE (YYYYMMDD)		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)										
2. CLAIMANT'S INSURANCE COMPANY (If applicable)				4. DELIVERY DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR			
a. NAME			b. POLICY NO.												
5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS <i>(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")</i>		8. INV NO.	9. ORIGINAL COST	11. AMOUNT CLAIMED a. Repair Cost b. Replacement Cost		15. INVENTORY DATE (YYYYMMDD)		18. EXCEPTION SHEET DATE (YYYYMMDD)		23. GBL NUMBER		24. LOT NUMBER	
					10. MM/YYYY PURCHASED		16. EXCEPTIONS	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY	
12. REMARKS				13. TOTAL		\$				30. TOTAL AMOUNT ALLOWED	\$		31. THIRD PARTY LIABILITY	\$	\$

FAST START

DIRECT DEPOSIT

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

(name)

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

ACCOUNT (One) SAVINGS CHECKING [Yellow boxes for account type selection]

[Yellow boxes for routing and account numbers]

Check Digit

[Yellow boxes for check digit entry]

[Yellow box for routing number]

[Yellow box for account number]

[Yellow boxes for payment amount and other details]

[Yellow boxes for employee identification and other data]

[Yellow box for routing number]

[Yellow boxes for account number]

[Yellow box for account number]

[Yellow box for routing number]

[Yellow box for account number]



PRIVACY ACT STATEMENT

The collection of the information you are requested to provide on this form is authorized under 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent.

INSTRUCTIONS FOR PROCESSING FASTSTART AUTHORIZATION

PURPOSE

You may use this form to provide instructions for processing your net salary. You may also use this for to provide instructions for processing allotments and other agency - approved payments associated with your Federal employment.

- 1. EMPLOYEE INFORMATION (always complete this section)
2. TYPE OF ACCOUNT/PAYMENT (Put an "X" in the appropriate space to indicate a checking or savings account and type of payment.)
3. DIRECT DEPOSIT ACCOUNT INFORMATION
ROUTING TRANSIT NUMBER (your financial institution's 9-digit routing transit number)
ACCOUNT NUMBER (your account number at your financial institution)
ACCOUNT TITLE (the depositor's name on the account to which payments are to be directed)
FINANCIAL INSTITUTION NAME (the name of the institution to which payments are to be directed)

The Routing Transit Number (RTN) can be obtained from the financial institution or found on the bottom of a check.

- 1. ROUTING TRANSIT NUMBER - Here you would put "021001082"
2. ACCOUNT NUMBER - Here you would put "123-456-789". Note the use of the dash symbol. (Include dashes where the symbol appears on the check or card.
3. ACCOUNT TITLE (must include employee name)
4. FINANCIAL INSTITUTION NAME
5. If your check or sharedraft includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for Direct Deposit processing.

4. ALLOTMENT INFORMATION

ALLOTMENT TYPE

SAVINGS (If this option is checked, this will allow the specified allotment to be credited to an account owned by the payee.) Savings allotments are limited to two. Savings allotments must be in whole dollar amounts (no cents). The dollar amount of allotments may not exceed the pay due an employee per pay period.

DISCRETIONARY OR THIRD PARTY (If this option is checked, this will allow the specified allotment to be credited to an account not owned by the payee.) Certain restrictions may apply as to the kind of allotments your agency will allow. Check with your agency to determine what kinds of allotments it will allow. ANY CHANGES TO THE ALLOTMENT INFORMATION FURNISHED ON THIS REQUEST MUST BE MADE USING A NEW FASTSTART FORM.

- TYPE OF ACCOUNT (Put an "X" in the appropriate space to indicate a checking or savings account.)
ACTION (Put an "X" in the appropriate space to indicate start/cancel/change.)
AMOUNT (Put an "X" in the appropriate space to indicate if an allotment is an increase, decrease and always indicate \$ amount.)

ALLOTTEE'S ROUTING NUMBER: Enter person's/company financial institution 9-digit routing transit number.
ALLOTTEE'S ACCOUNT NUMBER: Enter the account number to which the allotment payment will be deposited.
ALLOTTEE'S ACCOUNT NUMBER: Enter account holder's name on the account at the financial institution.
FINANCIAL INSTITUTION NAME: Enter the name of the financial institution to which the payment should be sent.

5. AUTHORIZATION

Sign and date the request form after you have carefully read the instructions and Privacy Act Statement.

6. AGENCY USE (This space is reserved for agency use.)

CHANGES AND CANCELLATIONS - Contact your agency for instructions.