



REQUEST FOR SUPPORT/ACCESS FORM

U.S. Army Garrison Fort Hunter Liggett

Building 238, California Avenue, Fort Hunter Liggett, CA 93928-7000

home.army.mil/liggett | www.facebook.com/forthunterliggett

| Requestor Information | | | |
|--|----------------|--|--|
| Requesting organization: | | Address: | |
| Requestor: | | | |
| Email: | | Website: | |
| Phone: | | Cell: | |
| Organization type: <input type="checkbox"/> Commercial <input type="checkbox"/> Non-Commercial <input type="checkbox"/> Government <input type="checkbox"/> Military | | | |
| Support/Access Requested | | | |
| Date(s): | | Time(s): | |
| Support type: <input type="checkbox"/> Attendance of troops <input type="checkbox"/> Attendance of Commander <input type="checkbox"/> Color Guard | | | |
| <input type="checkbox"/> Speaker (specify by name, title or specialty): _____ | | | |
| Access type: <input type="checkbox"/> Post facility: _____ <input type="checkbox"/> Training area: _____ | | | |
| <input type="checkbox"/> Other: _____ | | | |
| Event description/Specific purpose of access request – include type and anticipated number of participants, theme, etc.; and provide agenda, event flyer, program, etc., if possible: | | | |
| | | | |
| Please return completed form to | | | |
| Public Affairs Office phones: (831) 386-2690, (831) 386-2530 Fax: (831) 386-2011 | | Email: usarmy.hunterliggett.imcom-central.list.fhl-pao@army.mil | |
| By signing below, both the requesting organization and their representatives understand and agree to abide by the following conditions: | | | |
| 1. The completion of this form does not constitute an approval of request. | | | |
| 2. Authorized participation of military personnel are limited to events that are intended to stimulate interest in the Armed Forces, support the Army recruiting mission, stimulate patriotism, or celebrate a national holiday. Participation will be at no cost to the government. | | | |
| 3. Access to installation facility or area will not impede on the Army's mission and training activities. | | | |
| Signature: | | Date: | |
| PAO USE ONLY: | Date received: | SCAR initiated: | CG decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: |