

POWER OF ATTORNEY APPLICATION

Before making a General Power of Attorney, you must read the CAUTION MEMORANDUM

Provided by the
Torii Station Legal Assistance Office
Room 220, Building 218
652-4332

PRIVACY ACT STATEMENT: Information is solicited in accordance with Title 10, US Code Section 3013, to prepare a Power of Attorney. Solicited information is voluntary; however, failure to provide information precludes the preparation of a power of attorney.			
FIRST NAME	MIDDLE NAME	LAST NAME	POA Expiration Date <i>(Usually one year)</i>
State of Domicile/Legal Residence:			
Name of Person Receiving POA (Your Agent)		Complete Address	
TYPE OF POWER OF ATTORNEY	<input type="checkbox"/> General Power of Attorney <input type="checkbox"/> Special Power of Attorney: check one or more of the items below:		
Government Quarters: <input type="checkbox"/> Sign for <input type="checkbox"/> Clear QUARTER'S ADDRESS:			
Household goods/personal property: <input type="checkbox"/> Receive <input type="checkbox"/> Ship			
Vehicles: <input type="checkbox"/> Possess, use, register, etc. <input type="checkbox"/> Sell <input type="checkbox"/> Buy <input type="checkbox"/> Ship <input type="checkbox"/> Receive YEAR/MAKE/MODEL: _____ VEHICLE IDENTIFICATION NUMBER: _____			
Child Care: <input type="checkbox"/> Medical only <input type="checkbox"/> Temporary custody/care/loco parentis/Education enrollment Child(ren)'s' Name(s) & DOB:			
<input type="checkbox"/> Other: To (Insert Description)			