Army Community Service (ACS)



Levy / ETS Assessment

Would you like the ACS Relocation Readiness Program (RRP) to provide assistance in helping plan your move? Please complete the following information: (Do NOT leave any items blank) PLEASE WRITE LEGIBILY!

Today's Date:		DEROS Date:			
1.	Name:	Ema	Email address:		
2.	Unit:	MOS	Rar	k / Grade:	
3.		PCS ETS	Retire(d)		
	Phone number: H/W #:_				
5.	Relocating to:		(Name of installa	tion if PCS'ing)	
6.	Date of Departure:	ate of Departure: <u>Allow 7 working days to process your request</u>			
7.	Would you like an installation relocation packet for your destination (PCS only)?: Yes / No				
8.	Would you like a custom driving map to your destination? Yes / No (<u>MUST</u> LIST STOPS vacation stops, i.e. Portland, OR or Grand Canyon, AZ)				
9.	Method of Travel: Auto	o Airplane	Ferry	(Whittier or Haines) Circle one	
10	10. Married Single If married, TOTAL # of Family Members:				
11	. EFMP members Yes / N	0			
12. Traveling with pets? Yes / No					
13	. Will your family members PCS? Yes / No	s reside at Ft Waiı	nwright as a " wai	ting family" during your	
We recommend that you visit the relocation web site: wwwmilitaryonesource.mil We will call you when your packet is ready for pickup! Relocation Readiness office room 68 during 0800-1630 M-F					
			JNITY SEDV		

