



ALTERATION AGREEMENT

Name: _____

Address: _____

Rank: _____

Social Security Number: _____

Unit / Duty Number: _____

Home Phone Number/Email _____

No. of Authorized Residents _____

The service member will be responsible for the alteration and the liability of the alteration.

Return the home to its original condition upon move out .

***Service charges may apply**

The alteration will remain upon move out.

***Service charges may apply**

Describe requested alteration:

Submitted By:

Received By:

Service Member (Please Print)

Hunt Representative (Please Print)

Signature Service Member

Signature Hunt Representative

Date

Date

Approved by _____
(Community Director/Manager)