

**LANDLORD (AGENT) – TENANT STATEMENT
US GOVERNMENT LOANER FURNITURE/APPLIANCES**

Print Tenant Name (Last, First, Middle) and Signature

Economy Address, including Post Code and Telephone Number

To Whom it may concern:

The landlord/Agent agrees that all US Government property/supplies will not be held in lieu of any debts incurred by the tenant. Further, in cases of emergency, the landlord/agent agrees to permit a government representative to enter the premises and remove such US Government property. The landlord/agent hereby authorizes the installation of the following Government Owned Appliances at the above address, provided they are not furnished by the landlord IAW AFI32-6004 Para.2.8.5.3.2. and certifies that connections are available for the appliances(s) listed.

PLEASE MEASURE CAREFULLY WIDTH AND HEIGHT OF AVAILABLE SPACE AND ALSO ANY DOORWAYS THROUGH WHICH APPLIANCES WILL BE MOVED TO CHECK FOR APPROPRIATE FIT. FMS CAN ONLY OFFER ONE DELIVERY SO ACCURATE MEASUREMENTS ARE REQUIRED. ALL ITEMS SUBJECT TO AVAILABILITY

Check box if required and for fridges and cookers please provide measurements.		SPACE AVAILABLE Height/Width
<input type="checkbox"/>	FRIDGE/FREEZER Please provide measurements	<input style="width: 100%; height: 20px;" type="text"/>
<input type="checkbox"/>	COOKER/STOVE Please provide measurements	<input style="width: 100%; height: 20px;" type="text"/>
<input type="checkbox"/>	WASHER	<input style="width: 100%; height: 20px;" type="text"/>
<input type="checkbox"/>	DRYER	<input style="width: 100%; height: 20px;" type="text"/>

Check box if required and add quantity requested		QTY REQ
<input type="checkbox"/>	TRANSFORMER Please provide quantity required	<input style="width: 100%; height: 20px;" type="text"/>
<input type="checkbox"/>	WARDROBE Please provide quantity required	<input style="width: 100%; height: 20px;" type="text"/>

Landlord/Agent Name (Print & Sign):

Address and Telephone Number:

FURNISHINGS MANAGEMENT SECTION, BLDG 73, SCAMPTON ROAD, RAF FELTWELL
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