From: Sergeant Ian M. Marine 1234567891/3051 USMC

To: Commanding Officer, Headquarters Battalion

Subj: REQUEST FOR PERSONAL EFFECTS INVENTORY WAIVER

Ref: (a) MCO 4400.201-V-13

1. Per the reference, I request to waive an inventory of my personal effects due to hospitalization. The following applies:

 a. I will be admitted to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital on \_\_\_\_\_\_\_\_\_\_\_ due to surgery, observation, or in-patient care.

 b. Information received from the attending Medical Officer indicates that my anticipated length of stay is not to exceed 30 days.

2. The Medical Officer’s (or attending physician) information is as follows:

Rank:\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. I have secured my personal effects as follows (check appropriate block):

\_\_\_\_ Within my government quarters or private dwelling in the custody of my next of kin. Individual’s Initials\_\_\_\_\_

\_\_\_\_ Within an apartment off base, in which the I am the sole proprietor. Individual’s Initials \_\_\_\_\_

\_\_\_\_ Within fully secured facilities of the unit’s barracks or living spaces aboard the base or station. Individual’s Initials \_\_\_\_\_

4. In view of the above, a personal effects inventory is not requested.

5. The point of contact for this matter is First Lieutenant Nicholas J. King at 703-784-2664 or nicholas.king@usmc.mil.

 I. M. MARINE