DEPARTMENT OF PACIFIC AIR FORCES

PACIFIC AIR FORCES

MEMORANDUM FOR: 15 CES/CCQ

FROM: _____

SUBJECT: Utilities Security Deposit Waiver Verification

1. Request verification of the following information and provide to:

   a. (Check One)

   ____ Hawaiian Electronic Co., Attn: Credit Dept., 900 Richard Street, Honolulu, HI 96813

   ____ GASCO Inc., Attn: Credit Dept., P.O. Box 3379, Honolulu, HI 96842

   ____ Hawaiian Telephone Co., Attn: Credit Dept., P.O. Box 2200, Honolulu, HI 96841

   b. **Name:** _____ _____ _____
   LAST **FIRST** **MI**

   SSN: _____ **ESTIMATED DEROS:** _____

   PERMANENT MAILING ADDRESS/HOME OF RECORD: _____
   _____

   c. **Utility Company Account Number:** _____

2. I hereby authorize the release of my forwarding address to the utility companies indicated above.

_____ _____
SIGNATURE DATE

1st Ind,

I verify that the information in paragraphs above is correct.

CARINA R. HARRISON, 1Lt, USAF
Squadron Section Commander