



Housing Unit Vacation Policy

Housing Unit#: _____ **Tenant Name:** _____ **Mobile#:** _____

Housing Unit#: _____ **Owner Name:** _____ **Mobile#:** _____

1)	Owner clearance	Sign: _____ Mob#: _____ Owner Name: _____	Date: ____
2)	Monthly REC Svc Bill	Sign: _____ Name: Billing Clerk Ask-5 _____	Date: ____
3)	Complaint Management System / E-Tag	Sign: _____ Name: E-Tag Supervisor _____	Date: ____
		If E-Tag Issued Car Reg No 1. _____ 2. _____ 3. _____	
3)	Security Affair	Sign: _____ Security Offr : _____	Date: ____

Counter Signed: ADH Zone-II _____

Official Use Only

Action	Staff#	Signature	Date
Original Form crossed out by Security Supervisor			
Photo Copy of N.O.C is submitted by Security Supervisor to Head of IT office			
All records related to the leaving tenant are deactivated			
N.O.C copy is filed in the housing unit file			