

**Request for Contractor Provided Relocation Services**

NAME: \_\_\_\_\_

OLD DUTY STATION ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

OFFICE TELEPHONE NO: (OLD) ( \_\_\_\_\_ ) \_\_\_\_\_ (NEW) ( \_\_\_\_\_ ) \_\_\_\_\_

HOME TELEPHONE NO: ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS OF HOME TO BE SOLD: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ESTIMATED VALUE OF HOME: \$ \_\_\_\_\_

EFFECTIVE DATE OF TRANSFER (Reporting Date at New Duty Station): \_\_\_\_\_

DATE EMPLOYEE AGREEMENT SIGNED: \_\_\_\_\_

I have been informed on the coverage of the relocation services which are available to me through a third party relocation contractor. I or a member of my immediate family has full title (or equitable title interest as defined in the FTR) of the property being sold. I request the following services and understand that the fees paid to the contractor will void my entitlement to direct reimbursement of these fees.

\_\_\_\_\_ (653-1A) Home Sale Services - to be initiated on: \_\_\_\_\_  
Date

I wish to delay initiation for the following reasons (if applicable):

Other Services I wish to use: (653-1B) \_\_\_\_\_ Home Marketing Assistance  
(653-1C) \_\_\_\_\_ Destination Services (Rental Assistance, Buyer Assistance, and Mortgage Counseling)

\_\_\_\_\_ I do not desire the services offered in the contract. This decision may not be changed upon issuance of the Travel Authorization.

I understand this request may not be changed at a later date to add additional services for which the Government incurs a cost. I also understand that I may request the contractor services be terminated at any time I desire.

The expenses and fees paid to the contractor for the services requested will be reimbursed to the Government if I fail to fulfill the requirements of my Service agreement.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature