



Exception to Policy Request

Name: _____ Rank: _____ Date: _____

Address: _____ Phone Number: _____

Please indicate the nature of this request by checking one of the boxes below:

- Housing Area Change Pets Bedroom Qualification Financial
 Other (*Please explain*) _____

Please provide your initial exception request and briefly point the supporting information below. If you need more space please feel free to attach additional documents to this form.

Resident Signature: _____

The Villages at Fort Irwin will review this request and notify you of its decision in writing.

Office Use Only

Approved Disapproved

Date of Resolution: _____ Date of Resident Notification: _____

Representative's Signature: _____ Print Name: _____

The Villages at Fort Irwin Recommendations:

If additional documents are attached please note on how many pages here: _____