



GARDEN PLOT REQUEST FORM

COAST GUARD TRAINING CENTER PETALUMA

Name (Last, First, MI):

Rank/Rate:

Home Address:

Work Address:

Work Phone:

Home Phone:

GARDEN PLOT AGREEMENT

I agree to accept responsibility for keeping my garden plot clean at all times. The plot will be well maintained and free from litter. I will not allow the plot to become overgrown with weeds or other non-desired plants. Overgrown and trashy plots will diminish the overall appearance of the facility and will detract from the gardening experience for other TRACEN personnel. The growing of any illegal plants is prohibited by law and will not be tolerated. In the event I no longer desire to maintain my garden plot, I will ensure the plot is clean and cultivated then immediately notify the TRACEN Housing Office so the plot can be re-issued to another member. I understand that the Housing Office will conduct a monthly inspection of the garden plots and I will be notified of any violations to this policy. 1st violation will result in my notification via e-mail and phone call from the Housing Office. 2nd violation will result in my notification along with my Division Officer. 3rd violation will result in the revocation of my gardening privileges by the TRACEN Executive Officer.

Signature:

Date:

OFFICE USE ONLY

Comments:

Assigned Plot Number:

Date:

Housing Official's Signature: