Department of Homeland Security U. S. Coast Guard TCP-HSG FORM-003 (Rev. 01/19)

SELF HELP PROJECT REQUEST

TCF-1130 T ONIVI-003 (Nev. 01/15)	
Section I – General Information (Please Print)	
Resident's Name (Last, First, MI):	
Housing Site or Barracks Name:	
Resident's Permanent Duty Station & Work Phone:	
Section II – Description of Work	
Explain what, where, how many, installer name, type, size, color. Provide drawing(s), sketches, measurements, etc as needed/requested. Use reverse if necessary.	
Section IIII – Statement of Understanding	
"I understand and agree I am subject to a Housing Office inspection of my project. Any corrections required, as	
directed by Housing, will be mine to bear. I understand and agree that upon termination of assignment to quarters	
I must return my unit to the original, or an approved, condition at my own expense."	
Residents Signature:	Date:
OFFICE USE ONLY	
Approved Disapproved See Remark	(S
Remarks:	
Housing Representative Signature:	Date: