

DATE: _____
 COUNTER: _____
 PHONE: _____

**FORT A P HILL TRAINING SITE
 REQUEST FOR CHANGE/CANCELLATION OF
 TRAINING AND/OR LOGISTICAL SUPPORT**

Staffing Approval

Mr. Locklerr _____
 Mr. Ryan _____
 Mr. Kittle _____
 Mr. Delgado _____

UNIT: _____ PRIMARY TRAINING DATES: _____

THIS IS A REQUEST FOR CHANGE, ADDITION OR CANCELLATION OF THE FOLLOWING:

RANGE TRAINING AREA LOGISTIC REQUIREMENT BILLETING REQUIREMENT

1. RANGE(S)/FIRING POINT(S).

RANGE	ACTION (CHANGE,ADD OR CANCEL)	TRAINING EVENT	DATE(S)	SPECIFIC START TIME	SPECIFIC END TIME	NUMBER OF PERSONNEL	WEAPON AND AMMUNITION	DPTMS ACTION

2. TRAINING AREA(S).

TRAINING AREA	ACTION (CHANGE,ADD OR CANCEL)	TRAINING EVENT	DATE(S)	SPECIFIC START TIME	SPECIFIC END TIME	NUMBER OF PERSONNEL	DPTMS ACTION

NOTE: THIS FORM WILL NOT BE USED TO REQUEST A CHANGE OF TRAINING DATES.

3. LOGISTIC REQUIREMENTS (POL, LINEN, DF EQUIPMENT).

REQUIREMENT	ACTION (CHANGE, ADD OR CANCEL)	DESCRIPTION	DATE(S)	DPTMS ACTION

4. BILLETING/TROOP HOUSING REQUIREMENTS.

REQUIREMENT	ACTION (CHANGE,ADD OR CANCEL)	NUMBER OF MALE PERSONNEL	NUMBER OF FEMALE PERSONNEL	DATE(S)	DPTMS ACTION

SIGNATURE OF REQUESTOR _____
PRINTED NAME/TITLE _____
PHONE _____
DATE _____