

Letter of Assist

1750
Ser N00/xxxx
Date

Assistant Name
Assistant address
City State, Zip Code

Dear Assistant Name:

SUBJECT: AUTHORITY TO ASSIST (PERDON NEEDING ASSISTANCE) IN MAKING EXCHANGE AND COMMISSARY PURCHASES, VISITS TO MORALE, WELFARE, AND RECREATION FACILITIES, AND THE NAVAL HEALTH CLINIC OAK HARBOR

You are authorized to accompany (person needing assistance) to shop at the Navy Exchange and Commissary, assist during visits to Morale, Welfare, and Recreation facilities, and visits to Naval Health Clinic Oak Harbor per DoD Instruction 1330.17.

You will be guided by the following:

- a. You are not an authorized patron, and you may not make any purchases.
- b. This letter is only valid when accompanying the authorized patron(s) listed above.
- c. This authorization will remain in effect until **Date (up to 1 year)** unless revoked or suspended.

The Commanding Officer reserves the right to withdraw privileges from anyone found to have made purchases or to have secured services for the benefit of another who is not entitled to Exchange or Commissary privileges.

Whenever multiple Exchange facilities exist in the local area, this letter of authorization may be recognized by all those facilities.

To access Naval Air Station Whidbey Island for the purpose(s) stated above go to Building 2853, Pass and ID, to verify need for access and establish appropriate level of base access.

ADMIN PERSON
Admin person title
By direction of the Commanding Officer

Telephone of Assistant: (XXX) XXX-XXXX
Vehicle Info: Year/make/model/license number
Driver' License: State/DL number

Pass and ID initials/date: _____