



**DEPARTMENT OF THE AIR FORCE
PACIFIC AIR FORCES**

Date: _____

MEMORANDUM FOR 18 DS

FROM: 718 CES/CEH

SUBJECT: Housing Verification

1. Command sponsored Family Members of Active Duty residing on Kadena Air Base (including Chibana and O' Donnell Gardens Housing) have the option to access the 18th Dental Squadron for routine dental care.

2. This is to verify that _____ is the family member of _____ who currently resides on Kadena Air Base at _____.
(Family Member)
(Sponsor)
(housing area)

3. The above information has been certified by _____, a Housing Management Assistant on _____.
(Housing Official)
(Date)