

Date: \_\_\_\_\_

From: \_\_\_\_\_  
Rank/Rate Name (Print)

To: Head, Family Housing Branch, GF, I&E Division

Subj: RESIDENTIAL ENERGY CONSERVATION PROGRAM (RECP) WAIVER

1. I request to be exempted from participation in the RECP for the following reasons:

a. I have a family member enrolled in the Exceptional Family Member Program (EFMP) whose condition requires our household to consume substantially more electricity/gas than others.

b. I attached Page 7 of DD Form 2792, EFM Medical Summary, that documents the electricity/gas consuming equipment, or I prefer not to provide documentation and have instead provided validation below from the EFM Coordinator that Page 7 on our form identifies the electricity/gas consuming condition.

c. I understand that a medical requirement for electricity/gas consuming equipment, including air conditioning does not automatically justify an exemption for the RECP waiver. I am aware that all Lincoln Military Housing homes aboard Marine Corps Base Quantico have central air conditioning.

I request a waiver from the RECP for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach a continuation page as required. Identify any special equipment requirements, how frequently it is used, and information about its power demand.)

d. I understand that if my request is approved, I will remain exempted from participation in the RECP as long as my family member is currently enrolled in the EFM Program. I also understand that I will not be eligible for a rebate or credit under the RECP program, even if our monthly electricity/gas usage would otherwise qualify me for a rebate from CAMP PENDLETON AND QUANTICO HOUSING, LLC.

2. Current Residence:

\_\_\_\_\_  
Address

3. Contact: \_\_\_\_\_  
Work Ph# Home Ph# Cell Ph#

\_\_\_\_\_  
e-mail address

PRIVACY ACT RELEASE FORM

Rank/Rate

Name (Print)

Date

I am aware that the Privacy Act of 1974 prohibits release of personal information without my approval. I do hereby authorize the Military Housing Office to release the information contained in this form to the Public-Private Venture Partner for purposes of evaluating my RECP waiver request.

Signature

Privacy Act Statement:

AUTHORITY:

PRINCIPAL PURPOSE(S): Information will be used to evaluate the EFMP needs to determine if they are entitled to be waived from the Residential Energy Conservation Program while residing in a MCBQ Public-Private Venture home .

ROUTINE USE(S): None

FIRST ENDORSEMENT

From: Exceptional Family Member Program

Subj: RECP VALIDATION

I validated that the DD Form 2792, Page 7 for the EFM Program sponsor

indicates his/her home requires the following electricity/gas consuming equipment:

Multiple horizontal lines for listing equipment.

EFMP Program Manager

Date