|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Region:** |  |  | **Garrison:** |  | **Date of Request:**  |  |
| **Program(s):**  | **Location Codes:** | **Requested Dates:**  |
|  |  |  |
| **Purpose of Site Assistance Visit:** |  |
|
| **Garrison Overview of Areas/Operations for Review:** |  |
|
|
|
| **Specific Objectives:** | **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **6.** |  |
| **7.** |  |
| **8.** |  |
| **9.** |  |
| **Actionable Items:** | **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **6.** |  |
| **7.** |  |
| **8.** |  |
| **9.** |  |
| **Expected Outcomes:** | **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **6.** |  |
| **7.** |  |
| **8.** |  |
| **9.** |  |
| **Garrison DFMWR** |  | **Garrison BOD** |  |
| **Name:**  |  | **Name:**  |  |
| **Phone:**  |  | **Phone:**  |  |
| **Email:**  |  | **Email:**  |  |
| **Region DFMWR/FI or DST**  |  | **Region Concurrence:** **[ ]  Yes** **[ ]  No** |
| **Name:**  |  |
| **Phone:**  |  | **G9 Direct Contact with Garrison: [ ]  Yes [ ]  No** |
| **Email:**  |  |