Tickler 7 l

19

## WAR RELOCATION AUTHORITY

Care SLIP-INCOMING

6543

(Initial)

To Visit ...

For Period

Name

of Block Address

S \_\_\_\_\_

(First name)

24

1:00 P.m.

(Surname)

HOUSING OFFICE

Assignment terminated as of

Assigned to quarters in

19\_\_\_\_\_ to \_\_\_\_\_ 19\_

by \_\_\_\_

n \_\_\_\_\_\_ 19.

by

n \_\_\_\_\_

10 20220 1

## FINANCE OFFICE

Charge for meals,	days, \$		days, \$
Charge for quarters,	days, \$		
Total	<b>\$</b>	(2) Additional amoun	(Visitor's signature)
Paid: Received by		Paid: 76 Received by 76	days, \$ 1.20
NAMES OF STREET	DOCATION AUTHOR	PAID IN FULL:	19
	PROJECT IN SOUTH TO SEE THE TEN SOUTH TO SECTION TO SECT	THE PROPERTY OF	19
Time:		Time:	OUT
By		By	