



Window Guard Request Form

Resident Name:

Full Address:

___ (Initial) Requested number of window guards to be installed: ______

_____ (Initial) I understand; the window guards are property of Ohana Military Communities; they must remain attached to the home at the time of my move-out inspection; the cost to repair or replace a damaged or missing window guard is \$50 each.

______(Initial) I understand; the window guard installed in my home consists of either vertical or horizontal bars within the window frame; the intended use of the guard is to reduce the chance of a small child falling through an open window; that some children may be tempted to climb or hang from the guard; the installation is not designed to support the climbing weight of a child; that a child climbing on the guard may cause damage to the guard or window frame; I am responsible for any damage caused through misuse of the intended purpose of the window guard.

_____ (Initial) I acknowledge that I have received and signed the form titled "Window Safety Advisement & Acknowledgment" and have read and understand the information contained on the form.

Acknowledgment of Request:

Resident Signature

Resident Signature

Ohana Military Communities Representative

Date

Date

Date

Placed in File and verified completed on/by:_____ Date/Initials: