

PRIVATE HOME ACCOMMODATION FORM

(Please type or print neatly.)

HOUSEHOLDER

Householder's name: _____

Address: _____ Apt. No.: _____

City: _____ Province or state: _____ Zone or code: _____

Home phone: _____ - _____ - _____ Mobile phone: _____ - _____ - _____

E-mail address: _____

Number of beds	Single beds	Double beds	Queen/King beds
1 st Room:			
2 nd Room:			
3 rd Room:			

Is this the home of one of Jehovah's Witnesses? Yes No

Nights the rooms are available: _____

On what floor are the rooms located? _____

What languages are spoken in the household? _____

Other information: _____

Name of publisher who filled out this section: _____

CONGREGATION SECRETARY

Condition of rooms: Excellent Good Fair

Ethnic makeup of neighborhood: Asian Black Spanish White Mixed

Congregation: _____
(Name) (City) (Province or state)

(Secretary's name) Phone: _____ - _____ - _____

Other information: _____

CIRCUIT ROOMING REPRESENTATIVE

Assigned to this accommodation: _____
(Name No. 1 from *Private Home Room Request* [CO-75])