

UNITED STATES ARMY GARRISON RHEINLAND-PFALZ  
UNIT 23152  
APO AE 09054-3152

IMRP-MWN (215-6)

19 August 2019

MEMORANDUM OF AGREEMENT WITH USAG RHEINLAND-PFALZ Tax Relief Office

SUBJECT: Request for Utility-Tax Relief Support per Army Europe Regulation (AER) 215-6

1. I request the Community Morale, Welfare, and Recreation Fund (CMWRF) enroll me in the Utility-Tax Avoidance Program (UTAP) in agreement with the following conditions:

- a. I agree to pay a fee of \$99 to the CMWRF to cover administrative costs for enrolling in the UTAP.
- b. I understand that the CMWRF will arrange with the servicing utility company to bill me without taxes.
- c. I understand that the CMWRF *or* USAFE Services Fund is acting as my agent and is not responsible for paying my bills. I further understand that I am responsible for such bills and agree to make timely payments to the utility company in accordance with its invoicing policy and FMWR SOP 13-98.
- d. I understand that I will be held liable for payment of penalty charges or administrative costs to the utility company caused by late payments. In the event of my indebtedness, I voluntarily consent to collection from my basic pay and entitlements any amount owed to the utility company or the CMWRF *or* USAFE Services Fund for enrolling in this program.
- e. I certify that I am not currently indebted to any utility company or any other agency providing the services for which I seek tax relief. I also certify the tax-free delivery of services is for my own or my Family's use and that such delivery will not benefit any other individual or business. Tax relief on utilities is subject to inspection by U.S. and German tax and customs officials.
- f. I understand that it is my responsibility to notify the CMWRF *or* USAFE Services Fund (in other words, the tax-relief office) at least 4 weeks before vacating my privately rented quarters.

2. Data required by the Privacy Act of 1974 (5 USC 5522):

**a. Authority:** 10 USC 3012; Supplementary Agreement to the NATO SOFA, Article 67, paragraph 3a(a)(I); and AE Regulation 215-6/USAFE Instruction 34-102.

**b. Principal Purposes:** For the fund manager to verify eligibility of the applicant, obtain requested tax relief, and to provide utility company with necessary information about a new customer.

**c. Routine Uses:** To provide information needed to process documents for tax relief on utility bills.

**d. Mandatory or Voluntary Disclosure and Effect of Not Providing Information:** Disclosure of information is voluntary. Tax relief, however, cannot be provided without the requested information.

---

1. CUSTOMER PRINTED NAME

CUSTOMER SIGNATURE

DATE

---

2. SPOUSE PRINTED NAME

SPOUSE SIGNATURE

DATE

**FOR OFFICIAL USE ONLY**

**DATA Entry Date:** \_\_\_\_\_

3. The following personal data is provided in accordance with paragraph 2:

UTAP OFFICIAL

**PLEASE PRINT ALL INFORMATION CLEARLY**

**SPONSOR'S INFORMATION (HIGHER RANK/ GRADE OF DUAL MILITARY OR GS)**

**DOD ID#** \_\_\_\_\_ **RANK/ GRADE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **DEROS:** \_\_\_\_\_

**Last Name** \_\_\_\_\_ **Middle Int.** \_\_\_\_\_ **First** \_\_\_\_\_ **UNIT:** \_\_\_\_\_

**DSN:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **INSTALLATION:** \_\_\_\_\_

**Work Email:** \_\_\_\_\_ **HOME E-mail:** \_\_\_\_\_

---

**1 SG, COMMANDER/ SUPERVISOR MUST BE PROVIDED AS FOLLOWS:**

**RANK/ GRADE** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

**DSN:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **UNIT:** \_\_\_\_\_ **INSTALLATION:** \_\_\_\_\_

---

**Spouse information (IF DUAL MILITARY ALL INFO AND ORDERS ARE REQUIRED)**

**LAST Name** \_\_\_\_\_ **Middle Int.** \_\_\_\_\_ **RANK/Grade** \_\_\_\_\_ **DOD ID** \_\_\_\_\_

**FIRST Name** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **UNIT:** \_\_\_\_\_

**Supervisor Name/ Rank** \_\_\_\_\_ **DSN:** \_\_\_\_\_ **Branch of Service:** \_\_\_\_\_

---

**Military Mailing Address**

**CMR/ PSC:** \_\_\_\_\_

**Box:** \_\_\_\_\_

**APO AE:** \_\_\_\_\_

**Stateside Address (HOR) or NEXT OF KIN**

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

---

**German Address**

**Street:** \_\_\_\_\_ **Nr.** \_\_\_\_\_ **Apt:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_ **City/Town:** \_\_\_\_\_

---

**PLEASE READ, ACKNOWLEDGE AND INITIAL:**

\_\_\_ **Granting auto-debit to utility company is mandatory for UTAP enrollment/participation per AER 215-6**

\_\_\_ **Late Bills due to lack of auto-debit, insufficient funds, etc. will result in removal from tax-relief program**

\_\_\_ **Change of status or residence requires final bills and paid receipts be provided to VAT office for UTAP**

**De-registration**

---

**FOR OFFICIAL USE ONLY**



**FOR CMWRF OR USAFE SERVICES FUND USE ONLY**

**(UTAP Customer does not fill this out.)**

<i>Strom/Electric Co</i>	Customer No.
<i>Zähler/Meter No.</i>	<i>Stand/Reading</i>
<i>Gas/Gas Co</i>	Customer No.
<i>Zähler/Meter No.</i>	<i>Stand/Reading</i>
<i>Wasser/Water Co</i>	Customer No.
<i>Zähler/Meter No.</i>	<i>Stand/Reading</i>
<i>Other Co</i>	Customer No.
<i>Zähler/Meter No.</i>	<i>Stand/Reading</i>

**Date of Meter Reading:** \_\_\_\_\_

**NOTE:** For additional information or assistance, call your UTAP coordinator at:

**Kleber UTAP Office**      **M-Fri 0900-1600 (Location: Bldg. 3245; Room 110)**  
**DSN 541- 9086/9091**      **CIV: 0611-143-541-9086/9091**

Or your local VAT Offices at:

ROB VAT Office    M-Fri 0900-1700  
DSN 541-9089      CIV: 0611-143-541-9089

Kleber VAT Office    M-Fri 0900-1600  
DSN 314-483-1780    CIV: 0631-411-1780

Landstuhl VAT Office M-Th 1000-1300 and 1400-1700; Fri 1300-1700  
DSN 314-486-1780    CIV: 06371- 86-1780

Baumholder VAT/UTAP Office: M-Fri 1000-1300 and 1400-1700;  
DSN 314-531-2896    CIV: 0611-143-531-5896

\_\_\_\_\_  
**UTAP SIGNATURE / STAMP / DATE**

**The benefit of enrolling in UTAP, besides receiving tax-relief on services, security deposits will be waived.**

**In order to enroll in the UTAP, certain conditions must be met:**

- Must be an authorized customer under the Status of Forces Agreement (SOFA)
- Utilities must be in the customers' name
- UTAP office must have a valid contract with the utility provider
- Customer cannot be indebted to any previous or current utility provider

**Required documentation and information to enroll:**

**WHAT AN ACTIVE DUTY CUSTOMER WILL NEED TO SIGN UP FOR THE UTAP PROGRAM**

- 1) VALID ID CARD
- 2) ORDERS assigning you to Germany or Letter of Employment from Human Resources Office stating that you are logistically supported.
- 3) HOUSING CONTRACT signed by HOUSING For Rentals or FORM with SEAL from Notary for HOMEOWNERS
- 4) METER READING AND METER NUMBER :Photos that are less than 45 days old on your SMART device, showing both Meter Number and Meter Reading are a must!
- 5) IBAN INFO and BIC. This is the International Banking Number from your Local Credit Union or Bank
- 6) \$ 99 payable with cash, credit or debit card.

**WHAT A CIVILIAN CUSTOMER WILL NEED TO SIGN UP FOR THE UTAP PROGRAM**

- 1) VALID ID CARD / For Contractors: SOFA Card with expiration date matching expiration date of ID Card plus DD Form 1172 showing assignment to Germany
- 2) ORDERS Or Letter of Employment (LOE) assigning you to Germany with DEROS and Last 4 of SSN
- 3) RENTAL CONTRACT or FORM with SEAL from NOTARY for HOMEOWNERS
- 4) METER READING AND METER NUMBER: Photos that are less than 45 days old on your SMART device, showing both Meter Number and Meter Reading are a must!
- 5) IBAN INFO and BIC. This is the International Banking Number from your Local Credit Union or Bank
- 6) \$ 99 payable with cash, credit or debit card.

**FOR OFFICIAL USE ONLY**