



03703

**Return of  
UDAG File(s)**  
for Other Than UDAG Staff

**U.S. Department of Housing  
and Urban Development**

Name of Employee Returning File (please print)				Date of Return	
Signature				Organization/ Extension	
File A <input type="checkbox"/> C <input type="checkbox"/>	State	City	Project Number		
Person Folder Charged to		Organization	Room No	Extension	
Date File(s) Returned	Signature of UDAG Employee Receiving File(s)				

form HUD-40069 (9/88)