

Record of Clearances

U.S. Department of Housing
and Urban Development
Executive Secretariat
Office of Administration

CTS Control Number:

Type or print clearly.

Primary Program Office Assistant Secretary or Equivalent	Initials:	Date:	Comments:
1.			
2.		in: out:	
3.		in: out:	
4.		in: out:	
5.		in: out:	
6.		in: out:	
		in: out:	
		in: out:	
		in: out:	
		in: out:	
		in: out:	

Comments and/or Special Dispatch Instructions:

Program Person to Contact for Questions:	Phone No:	Room No:
--	-----------	----------