



UTAP SUPPORT REQUEST

Name: _____

DATE: _____

German Address: _____

Email Address: _____

Phone Number: _____

Type of Issue (if none of these apply please describe your issue in detail below).

___ Paperwork that requires translation

___ Billing Issues (late notices, not seeing debits, estimated bills, Etc.

___ Enrollment Issues (have not received paperwork yet, receiving paperwork from other companies)

___ Billing Request (raise or lower estimated monthly payment)

Please provide copies of any relevant paperwork to this issue.

If not one of the reasons above please explain:

Tax Relief Officer Signature: _____ DATE: _____

Date Worked: _____ DATE Completed: _____

Questions?

Contact the Grafenwoehr UTAP Office DSN 526-9075 or CIV 09641-70-525-9075

POC Distro Email: usarmy.bavaria.id-europe.list.utap@army.mil