RIVERSIDE COUNTY SOBER LIVING COALITION

REQUEST FOR CHANGES

November 2009

ORIGINAL

SL Home Name: _____Date:_____/_____/_____

Location Address: _____

City: _____ Zip Code: _____

I AM REQUESTING THE FOLLOWING CHANGES FOR MY SOBER LIVING HOME:

☐ SOBER LIVING HOME NAME CHANGE TO:
NEW NAME OF SOBER LIVNG HOME: _____

☐ SOBER LIVING ADDRESS CHANGE TO:
NEW ADDRESS OF SOBER LIVING: _____

☐ REFERRAL CONTACT INFORMATION CHANGE TO:
NEW CONTACT INFO: NAME :_____#:(____) _____

☐ HOME SERVICING TYPE CHANGE TO:
I NOW PROVIDE SERVICES TO: ☐ Men ☐ Women ☐ Women w/Children ☐ Co-ed

I understand that this is a request only and that the Riverside County Sober Living Coalition may require my sober living to be re-inspected before these changes are approved. If I am required to go through an inspection there will be a $25.00 charge that I will give to the inspector along with any and all new paperwork at the time of inspection.

_____ _____
PRINTED NAME OF SOBER LIVING HOME OPERATOR PHONE#

_____ _____
(SIGNATURE) SOBER LIVING HOME OPERATOR DATE

Request given to: _____ Date: _____

☐ APPROVED ☐ INSPECTION REQUIRED ☐ DENIED

REASON:_____
_____
_____
_____

_____
SIGNATURE OF COALITION OFFICER