

# RIVERSIDE COUNTY SOBER LIVING COALITION

## REQUEST FOR CHANGES

January 2013

ORIGINAL

SL Home Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sober Living 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: **(requires a location inspection & \$25 fee to inspector)**  
NEW ADDRESS OF SOBER LIVING: \_\_\_\_\_

REFERRAL CONTACT INFORMATION CHANGES TO:  
NEW CONTACT INFO: NAME: \_\_\_\_\_  
#:(\_\_\_\_) \_\_\_\_\_ NEW EMAIL \_\_\_\_\_

GUEST CONTRIBUTION CHANGE TO: \$ \_\_\_\_\_

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 FIELD ORGANIZER