

THE SOBER LIVING NETWORK – ORANGE COUNTY

REQUEST FOR CHANGES

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: _____

City: _____ Zip Code: _____

REFERRAL CONTACT INFORMATION CHANGES TO: NEW CONTACT INFO:

NAME: _____ # : (____) _____

NEW EMAIL _____

GUEST CONTRIBUTION CHANGE TO: \$ _____

HOME SERVICING TYPE CHANGE TO: Men Women Women w/Children Co-ed

I understand that this is a request only and that the San Bernardino 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.

OWNER NAME: _____ PHONE# _____

SOBER LIVING HOME OPERATOR (SIGNATURE): _____

Request given to: _____ Date: _____

APPROVED INSPECTION REQUIRED DENIED REASON _____
