

**SAN BERNARDINO COUNTY SOBER HOUSING COALITION  
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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_