

RIVERSIDE COUNTY SOBER LIVING COALITION

REQUEST FOR CHANGES

January 2024

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: (Requires Inspection)

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 \$50.00 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