

# 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 \_\_\_\_\_

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