



GREATER RIVERSIDE  
— SOBER HOUSING ALLIANCE —

# 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 Greater Riverside Sober Housing Alliance 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 ALLIANCE OFFICER