

# SITE REGISTRATION FORM



**ADDITIONAL SITES** (Please provide the name and address, including mailing address, of any additional sites/locations where your program/service is delivered.)

**1. SITE NAME** (name of building or location)

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**2. ADDRESS**

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Keep Site address private on public website?

Yes  No

**3. MAILING ADDRESS**

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Same as above

Keep Mailing address private on public website?

Yes  No

**4. DISABILITY ACCESS** (Describe the type of disability access available, if any. Ex: Wheelchair accessible.)

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**5. SERVICES/PROGRAMS ASSOCIATED** (Names of the programs that are delivered at this specific address?)

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<b>Submitted by:</b> _____	<b>Phone Number:</b> _____
<b>Title:</b> _____	<b>Date:</b> _____
<b>E-Mail:</b> _____	

**Return form to [info@211sonoma.org](mailto:info@211sonoma.org) or fax to (707) 565-2661, ATTN: 2-1-1 Resource Department**

*By submitting this form, you give consent for this submission to be included on the 2-1-1 Sonoma website and resource database. 2-1-1 Sonoma Resource Department reserves the right to change or modify this information at its discretion. The Resource Department will review and decide whether to include or exclude this submission from the 2-1-1 Sonoma website and resource database based on the inclusion/exclusion criteria (available to view here: <http://211sonoma.org/service-providers-2/>).*

FOR OFFICE USE ONLY	
Date received: _____	Date Added to database: _____