Letterhead

Date:

County of Riverside Continuum of Care

c/o Housing and Workforce Solutions

3403 10th Street, Suite 310

Riverside, CA 92501

RE: Appointment of Representative(s) to the County of Riverside Continuum of Care

Dear County of Riverside Continuum of Care:

The purpose of this letter is to formally appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ primary representative to the County of Riverside Continuum of Care (CoC), effective immediately. As you know, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is committed to supporting the effort to ending homelessness in our area, and we look forward to working with you and other homeless and housing advocates.

I would also like to appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to serve as a secondary representative if \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is unable to participate.

Should you need any additional information or have any questions, you may contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,

Agency Primary Contact Person:

Title:

Agency Name: