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 Primary Representative Name as Agency Name primary representative to the County of Riverside Continuum of Care (CoC), effective immediately. As you know, Agency Name 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. Please contact Primary Representative Name at Primary’s Agency Contact Number or at Primary’s Agency Contact Email.

I would also like to appoint Secondary Representative Name to serve as a secondary representative if Primary Representative Name is unable to participate. Please contact Secondary Representative Name at Secondary’s Agency Contact Number or at Secondary’s Agency Contact Email.

Should you need any additional information or have any questions, you may contact me at Agency Contact Number or at Agency Contact Email.

Sincerely,

Agency Primary Contact Person

Title

Agency Name