

**HSR 9/10 TREATMENT CENTER  
SITES & CONTACT INFORMATION**

Please fill out form and submit to your respective RAC Chair.

COUNTY	FACILITY NAME	STREET ADDRESS <i>*To include exact location for delivery of materiel.</i>			CITY/ZIP
CONTACT NAME <i>Responsible for ordering/receiving.</i>	POSITION	CONTACT ADDRESS	PHONE #	24/7 CONTACT #	EMAIL ADDRESS
ALTERNATE CONTACT <i>Responsible for ordering.</i>		ALTERNATE CONTACT 24/7 PHONE #s		ALTERNATE CONTACT EMAIL ADDRESS	
NAME & DEA# OF SIGNATORY FOR CONTROLLED SUBSTANCES		24/7 CONTACT #		EMAIL ADDRESS	
NAME & DEA# OF ALTERNATE SIGNATORY FOR CONTROLLED SUBSTANCES		24/7 CONTACT #		EMAIL ADDRESS	

\* Exact location at each center for delivery of materiel (e.g., Building name, rear loading dock, helipad, etc.)