



**PRELIMINARY SERVICE PROVIDER INQUIRY  
COVER PAGE**

Proposed Geographic Area: \_\_\_\_\_

Torrance/South Bay

Long Beach/Lakewood

Bellflower/Norwalk/Cerritos

Proposed/Current Agency Name: \_\_\_\_\_

Proposed Service Type and

Service Code: \_\_\_\_\_

Name of person or organization  
submitting application: \_\_\_\_\_

Business physical address: \_\_\_\_\_

Mailing address,  
if different from above: \_\_\_\_\_

Office telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Primary E-mail address: \_\_\_\_\_

Title: \_\_\_\_\_

I am submitting a preliminary application and all required documents for a proposed service that is listed as an identified resource need on the HRC website. I verify that I have read all of the necessary Title 17 regulations and/or the DDS Directive related to this proposed service and I or my organization meets or exceeds the requirements set forth in those regulations.

Name: \_\_\_\_\_

Title Signature: \_\_\_\_\_

Date: \_\_\_\_\_