



OFFICE OF MIGRANT SERVICES

**REQUEST FOR
USE OF MIGRANT CENTER FOR
EMERGENCY SHELTER PROGRAM**

Program Manager
Office of Migrant Services
Department of Housing and Community Development
2020 West El Camino Avenue, Suite 610
Sacramento, CA 95833

SUBJECT: REQUEST FOR USE OF MIGRANT CENTER FOR EMERGENCY SHELTER

The _____ would like to request the use of the
_____ Migrant Center for the purpose of emergency shelter beginning on
_____ and ending on _____ (Not to begin prior to
November 15th or end after March 31st).

This request is for a total of _____ units, which represent _____ % of the total units at the Migrant Center.

By signing this request, I acknowledge and agree to submit all of the required documentation in a timely manner. The Office of Migrant Services will not approve the use of the center as emergency shelter if the required documentation is not submitted or incomplete.

Sincerely,

OMS OFFICIAL USE ONLY:

RECEIVED BY:	
	<i>INITIAL AND DATE</i>
APPROVED BY:	
	<i>SIGNATURE AND DATE</i>