

Organization Information

Name and Title of Requestor:* _____

Organization: * _____

Street Address: * _____

City:* _____ State:* _____ Zip Code* _____

Email:* _____

Point of Contact

(To be used for the day of the engagement)

Name of Contact:* _____

Phone Number:* _____

Submit requests to:

Supervisor James Ramos
Attn: Julianne Torres, Executive Secretary
385 N. Arrowhead Ave., 5th Floor
San Bernardino, CA 92415
909.387.4855 phone
909.387.3018 fax
Julianne.Torres@bos.sbcounty.gov

* This field is required