

Instructions

Please submit the house closure form on page 2 via email to Office@friendsofrecovery.com

Oxford House, Inc.
House Closure Form

Case Number: _____ **FEIN:** _____

House Name: Oxford House - **Gender:** _____

Address: _____

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

County: _____ **Country:** _____

Phone Number: _____

Date Opened: _____

Date Closed: _____

Notes: _____

Date

By

Title

REMINDER: NOTIFY FINANCE DEPT. FOR EFT REMOVAL