



# CLIENT OPENING SURVEY FORM

Mr./Mrs./Miss

MR./MRS./MISS

Devora

FIRST NAME

Perez

LAST NAME

510-955-3016

CONTACT NUMBER

510-755-9274

ALTERNATE NUMBER

## COMPANY DATA BASE

[devora\\_perez@perez.org](mailto:devora_perez@perez.org)

EMAIL ADDRESS

[Chico Recovery Center](#)

COMPANY NAME

[www.chicorecoverycenter.com](http://www.chicorecoverycenter.com)

WEBSITE URL

740 G St

Address

Chico

City

CA

State

95928

ZIP Code

[Health Services](#)

SIC DESCRIPTION

8069

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

191,300

REVENUE (USD)

Butte

COUNTRY/REGION

YES

MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island  
Dr S, Saint Augustine, FL 32080



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1782