

Alternate Facility or Alternate Relocation Point Template

(For use in section II-6 of the COOP)

Instructions: Both a primary alternate facility and a secondary alternate facility must be named for each current facility in your district/circuit. If you have more or less than ten current facilities you should add or delete rows in this document as necessary. For each current facility, the fields in italics are required.

Current Facility	Primary Alternate Facility	Secondary Alternate Facility
1) <i>Name:</i>	<i>Facility Name:</i> <i>Facility Address:</i> Driving Directions: Facility Contact (if applicable): Phone Number(s): Additional Information:	<i>Facility Name:</i> <i>Facility Address:</i> Driving Directions: Facility Contact (if applicable): Phone Number(s): Additional Information:
2) <i>Name:</i>	<i>Facility Name:</i> <i>Facility Address:</i> Driving Directions: Facility Contact (if applicable): Phone Number(s): Additional Information:	<i>Facility Name:</i> <i>Facility Address:</i> Driving Directions: Facility Contact (if applicable): Phone Number(s): Additional Information:
3) <i>Name:</i>	<i>Facility Name:</i> <i>Facility Address:</i> Driving Directions: Facility Contact (if applicable): Phone Number(s): Additional Information:	<i>Facility Name:</i> <i>Facility Address:</i> Driving Directions: Facility Contact (if applicable): Phone Number(s): Additional Information:
4) <i>Name:</i>	<i>Facility Name:</i> <i>Facility Address:</i> Driving Directions: Facility Contact (if applicable): Phone Number(s): Additional Information:	<i>Facility Name:</i> <i>Facility Address:</i> Driving Directions: Facility Contact (if applicable): Phone Number(s): Additional Information:
5) <i>Name:</i>	<i>Facility Name:</i> <i>Facility Address:</i> Driving Directions: Facility Contact (if applicable): Phone Number(s): Additional Information:	<i>Facility Name:</i> <i>Facility Address:</i> Driving Directions: Facility Contact (if applicable): Phone Number(s): Additional Information:
6) <i>Name:</i>	<i>Facility Name:</i> <i>Facility Address:</i> Driving Directions: Facility Contact (if applicable): Phone Number(s): Additional Information:	<i>Facility Name:</i> <i>Facility Address:</i> Driving Directions: Facility Contact (if applicable): Phone Number(s): Additional Information:
7) <i>Name:</i>	<i>Facility Name:</i> <i>Facility Address:</i> Driving Directions: Facility Contact (if applicable): Phone Number(s): Additional Information:	<i>Facility Name:</i> <i>Facility Address:</i> Driving Directions: Facility Contact (if applicable): Phone Number(s): Additional Information:
8) <i>Name:</i>	<i>Facility Name:</i> <i>Facility Address:</i> Driving Directions: Facility Contact (if applicable): Phone Number(s): Additional Information:	<i>Facility Name:</i> <i>Facility Address:</i> Driving Directions: Facility Contact (if applicable): Phone Number(s): Additional Information:
9) <i>Name:</i>	<i>Facility Name:</i> <i>Facility Address:</i> Driving Directions: Facility Contact (if applicable): Phone Number(s): Additional Information:	<i>Facility Name:</i> <i>Facility Address:</i> Driving Directions: Facility Contact (if applicable): Phone Number(s): Additional Information:
10) <i>Name:</i>	<i>Facility Name:</i> <i>Facility Address:</i> Driving Directions: Facility Contact (if applicable): Phone Number(s): Additional Information:	<i>Facility Name:</i> <i>Facility Address:</i> Driving Directions: Facility Contact (if applicable): Phone Number(s): Additional Information: