

**Request of Correspondence**  
Alcoholics Anonymous | Colorado Area 10

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_ DOC #, if applicable: \_\_\_\_\_

Facility: \_\_\_\_\_

P.O. Box: \_\_\_\_\_  
*City State ZIP Code*

Date of Release: \_\_\_\_\_ Parole Eligibility Date: \_\_\_\_\_

Personal Information/Interests: (optional):

\_\_\_\_\_  
\_\_\_\_\_

Offender's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail completed form to the  
following address:**

**Area 10 Correction Committee  
C/O Correspondence  
P.O. Box 40368  
Denver, CO 80204**

A corresponding contact is a member of Alcoholics Anonymous who shares their experience, strength, and hope about sobriety.

**Disclaimer**

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