



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

SUBSCRIPTION FORM INTERESTED PARTIES NOTICE

INITIAL SUBSCRIPTION

RENEWAL SUBSCRIPTION

The *Interested Parties Notice* includes letters of intent, letters requesting reviewability determinations and correspondence deeming an application complete along with the review schedule.

All notifications will be mailed to the address(es) provided or electronically mailed to the e-mail address(es) provided on this form.

You may subscribe to the *Interested Parties Notice Subscription Service* by completing the form below and submitting a check, money order or cashier's check, made out to the State Health Planning and Development Agency in the amounts indicated below (in U.S. dollars only/no cash). Mail to Post Office Box 303025 Montgomery, Alabama 36130-3025. Or you may email the form to shpda.online@shpda.alabama.gov. Payment must be received no later than 5:00 p.m. the day after filing this form, with a notation identifying the purpose of payment. You may also pay by credit card or e-check by going to SHPDA's website, www.shpda.alabama.gov, Electronic Payment Portal.

Electronic Notification, Annual

\$25.00 per year for single facility/provider type or County, for electronic notification:

Facility/Provider Type	County
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\$125.00 per year for statewide, for electronic notification.

Printed Notification, Annual

\$50.00 per year for single facility/provider type or County, for printed notification:

Facility/Provider Type	County
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\$250.00 per year for statewide, for printed notification.

Please type all information

First Name/Last Name/Suffix (MD, PhD):

Company:

Telephone Number:

Area Code

Mailing Address:

Email Address:
