



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

RENEWAL
SUBSCRIPTION FORM
INTERESTED PARTIES NOTICE

The *interested parties notice* includes letters of intent, letters requesting non-review and correspondence deeming an application complete along with the review schedule.

You may subscribe to the *interested parties notice subscription service* by completing the form below and submitting a check made out to the State Health Planning and Development Agency in the amounts indicated below (in U.S. dollars only). Mail to Post Office Box 303025 Montgomery, Alabama 36130-3025.

\$50.00 per year for single facility or County

\$250.00 per year for statewide per person

\$1,000.00 per year for statewide for up to ten people within the same company

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

Company

Area Code

Telephone Number:

Fax Number:

Mailing Address:
