

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870

MONTGOMERY, ALABAMA 36104

Document Review and Data Request Form

Instructions: In accordance with Ala. Admin. Code r 410-1-3-.06, this form is to be completed by any individual(s) requesting to visit and/or receive documents and/or files housed by the State Health Planning and Development Agency. Please ensure <u>all</u> fields are completed in their entirety prior to submission.

All document review requests should be submitted to <u>SHPDA.ONLINE@shpda.alabama.gov</u>. Any data requests and/or requests for annual reports should be submitted to <u>DATA.SUBMIT@shpda.alabama.gov</u>.

Requestor(s) Name(s)

Representing Facility/Office/Agency Name

Email	
Eman	

Phone No._____

Describe the records, files, documents (including Project No.'s, CON No.'s, Facility ID's, etc.), and data you are requesting and if you would prefer to review them in-house or receive digital copies via email:

Please provide any additional information that may be beneficial in locating the information you are requesting:

If you are requesting an In-House Document Review, please complete the following information:

Date of Visitation Request

____Time of Arrival ____

Acknowledgement

I understand that if further information, documents, and/or files should be needed, I may be required to submit an additional request. I also understand that I am responsible for any fees incurred by this request as described in Ala. Admin. Code r 410-1-3-.06. This includes fees related to the copying of files, administrative costs, research costs, the receipt of electronic records, and the downloading of electronically filed documents.

Requestor Signature	Date
FOR OFFICE USE ONLY	
Date Received	Completed By
Date Promised	Date Completed