STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870MONTGOMERY,

ALABAMA 36104

SUBSCRIPTION FORM
INTERESTED PARTIES NOTICE

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 completed 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 the 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**

_____ $30.00 per year for single facility/provider type or County, for electronic notification

_____ $150.00 per year for statewide, for electronic notification

_____ _____

Facility/Provider Type **County**

Please complete all information:

_____ _____

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

Telephone No.: _____ **Email:** _____

Mailing Address: _____

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