STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

NOTICE OF PROPOSED ADJUSTMENT TO *ALABAMA STATE HEALTH PLAN*

NOTE: This notice must be published by the party seeking an adjustment to the *State Health Plan* in a newspaper of general circulation in the county in which the proposed adjustment is requested as well as any other county in the service area for which the adjustment is proposed between fifteen (15) and twenty (20) days prior to the public hearing held by the SHCC to consider the adjustment. The applicant must provide proof of publication at the time the adjustment is considered.

Notice of Proposed Adjustment to *Alabama State Health Plan*

[*Insert name of applicant*] has filed an application for an adjustment to the *State Health Plan* to allow:

> [*insert a short description of the proposed adjustment, including a reference to the county/geographic area, affected regulation, and new institutional health service authorized by adjustment; please het SHPDA staff approval for the description*]

A public hearing on said application has been scheduled for [*insert time*] on [*insert date of SHCC meeting*] at the Archives Room of the State Capitol, 600 Dexter Avenue, Montgomery, Alabama. Individuals seeking further information regarding the application may contact:

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