DDR-1
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STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

Document Review, Data, and Research Request Form

Instructions: In accordance with Ala. Admin. Code r 410-1-3-.06 and Governor's Executive Order 734, this form is to be completed by any individual(s) requesting to visit the SHPDA office to review Agency files, receive documents or data housed or created by SHPDA, or request research be performed. Please ensure **all** fields are completed in their entirety prior to submission.

All requests should be submitted to **Public.Records@shpda.alabama.gov.**

Requestor(s) Name(s) _____

Address _____

Representing Facility/Office/Agency Name _____

Email _____ **Phone No.** _____

Records and/or data requested (must be as specific as possible; requests that are overly broad may qualify as a time-sensitive request and will require an extended response time):

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 _____ **Requested Time of Arrival** _____

Acknowledgment

I understand that if further information or documents 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 and Governor's Executive Order 734. This includes fees related to producing paper files, administrative costs, research costs, and downloading electronically filed documents.

Requestor Signature _____ **Date of Request** _____

FOR OFFICE USE ONLY

Date Received _____ **Completed By** _____

Due Date _____ **Date Completed** _____