

REQUEST FOR ACCOUNTING OF DISCLOSURES

Name: (First/Middle/Last) _____

Address: (Street/City/State/Zip code) _____

Date of Birth: _____ Social Security number: _____

Date of Request: _____

I REQUEST AN ACCOUNTING OF ALL DISCLOSURES FOR THE FOLLOWING TIME PERIOD:
(note: the maximum time period that can be requested is six years prior to the date of your request but not for time periods prior to April 14, 2003):

From: (Month/Day/Year) _____ To: (Month/Day/Year) _____

I REQUEST THE ACCOUNTING BE SENT TO THE FOLLOWING ADDRESS:

I understand that there is no charge for the first accounting request in a 12-month period. For subsequent requests in the same 12-month period, the charge is \$_____.

I UNDERSTAND THE FOLLOWING: (check one)

_____ There is no fee for this request

_____ There is a fee for this request

I UNDERSTAND THE ACCOUNTING I HAVE REQUESTED WILL BE PROVIDED TO ME WITHIN 60 DAYS OF THIS REQUEST UNLESS I AM NOTIFIED IN WRITING THAT AN EXTENSION OF UP TO 30 DAYS IS NEEDED.

Signature of Individual

Date

IN THE EVENT THIS REQUEST IS MADE BY THE INDIVIDUAL'S PERSONAL REPRESENTATIVE:

Signature of Personal Representative

Date

Legal Authority of the Personal Representative

For County Use:

Date request received: _____ Date accounting sent: _____

Extension requested: _____ No _____ Yes - If yes, give reason: _____

_____ Individual notified in writing of extension

Name of individual processing request: _____