

**REQUEST FOR ALTERNATIVE MEANS OR LOCATION
OF CONFIDENTIAL COMMUNICATIONS**

Name: (First/Middle/Last) _____

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

Date of Birth: (month/day/year) _____ Social Security Number: _____

Date of Request: _____

I REQUEST THE COUNTY TO COMMUNICATE CONFIDENTIAL INFORMATION TO ME IN THE FOLLOWING MANNER:

Telephone communication at the following telephone number: _____

_____ Leave a message on an answering machine at this number

_____ Do not leave a message on an answering machine at this number

Written communication to be mailed to the following address:

Other: _____

I further understand that the County may condition its acceptance of these conditions upon how payment for services will be made or upon my providing an alternative address or other method of contact.

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 Personal Representative

For County Use:

_____ Accept request for alternative communication

_____ Reject request for alternative communication. Reason rejected:

Name/Title of individual processing this request: _____

Date request processed: _____