



DATA REQUEST FORM

Please type or print.

Requester name		Organization	
Program		E-mail address	
Mailing address (number and street)		City, state and zip code	
Telephone number	Fax number	Date of request	Desired completion date
Detailed description of data request: (Please be as specific as possible, e.g. demographics, years, location, etc.)			
What question(s) do you need answered?			
What year(s) do you need information for?			
What is the purpose of the data requested?			
Who is your audience?			
What delivery format do you need? <input type="checkbox"/> Paper <input type="checkbox"/> Electronic (email) <input type="checkbox"/> Other:			
Provisions of this agreement: All documents, presentations, etc. that use the information provided must cite the Epidemiology Program, San Joaquin County Public Health Services, as the source. Use the data provided only for the purposes stated in the data request form and do not release it to any third party, unless you obtain prior written approval from the Epidemiology Program. Any conclusions or interpretations reached by the requester and not by the Epidemiology Program, should be attributed to the requester. Requesters must ensure that technical descriptions of the data are consistent with those provided by the Epidemiology Program. Consultations with the Epidemiology Program to discuss data uses and limitations are encouraged.			
I agree to the above provisions: <input type="checkbox"/> Yes <input type="checkbox"/> No		Signature:	Date:

- OFFICE USE ONLY -			
Request received by:	Date:	Request approved by supervisor: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Assigned to:	Date:	Work reviewed by:	Date:
Comments:		Completed by:	Date:
		Time amount used on data request (round to quarter hours):	
		Name of file created:	
		Location of file created:	
		Data source(s) used:	
Delivery mode: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other:		Delivered by:	Delivery Date:

Please email or fax your completed data request form to:
 San Joaquin County Public Health Services Epidemiology Program
 PO Box 2009 Stockton, CA 95201-2009
 fax: (209) 468-8222
 email: epi@sjcphs.org

For questions or consultation, please call (209) 468-9841