
		PUBLIC HEALTH DATA REQUEST FORM Health Services Agency 820 Scenic Drive Modesto, Ca. 95350 http://www.schsa.org/PublicHealth/index.shtm <i>Identifiable Data is not Available.</i>			
Date of Request:				Date Due:	
Requesting Organization:					
Contact Person's Name:					
Contact Person's Title:					
Address					
		State:		Zip Code:	
Phone:					
Fax:					
E-mail:					
Is Name of Person Requesting Different from Contact Person: ____ Yes; ____ No.		If Different Please State Name (and Title): Name: Title:			
Data Requested:					
Reason for Data Request:					
Period of Data Requested:					
Data Presentation Format (Please choose the requested Field):		Microsoft Word Miscrosoft Excel Other, Please Specify:	Data Media Format (Please choose the requested Field):		Copy Faxed E-mailed Paper/Hard saved in CD and Mailed Other, Please Specify:
Please send scanned original signed copy to Stanislaus County Health Services Agency E-mail: CAPE@schsa.org ; Phone: 209-558-4539; Fax: (209) 558-8184 Attn: Folorunso Akintan Chief Epidemiologist For more information or questions contact Folorunso Akintan at e-mail: fakintan@schsa.org ; Phone: (209) 558-4528					

OPTIONAL

(Please Attach More Details as Needed. Draw Tables or List Calculations or Rates Needed)

Please send scanned original signed copy to Stanislaus County Health Services Agency
E-mail: CAPE@schsa.org; Phone: 209-558-4539; Fax: (209) 558-8184
Attn: Folorunso Akintan Chief Epidemiologist
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Will the data provided be published? Yes ; No

If yes, please specify **where**: _____

Please note: Stanislaus County Health Services Agency is not responsible for the interpretation of the data provided or the conclusions gathered and reported.

I, _____ agree to the above stated terms of reporting.

Signature: _____

Date: _____