SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
EPIDEMIOLOGY DATA REQUEST FORM

Return Request to: EPIDEMIOLOGY & DISEASE CONTROL	**Phone: (916) 875-5881** **Fax: (916) 875-5888**
Address: 7001-A East Parkway, Suite 600, Sacramento, CA 95823	

Requestor's Name:		**Title:**
Affiliation:	**Phone Number:**	**Fax Number:**
Address:		**E-mail**

Description of needs/nature of request (use numbers and bullets if possible):

Justification/Purpose:

Timeline/date needed:

Is this a onetime request? ☐ Yes ☐ No (if no, at what intervals?): ☐ monthly ☐ quarterly ☐ annually
☐ **Other (specify):**

There may be a charge if this is a regular/ongoing need. Do you have funds to pay for this service? ☐ Yes ☐ No

Signature:	Date:

Do not write below this line - for epidemiologist use only

Date Received:	Completed by:	Date Completed:
Comments:		