

Kent County Health Department

Data Request Form

Please allow a minimum of 5 working days to fulfill your request. Any requests that will need to be submitted to the Michigan Department of Community Health may take longer than 5 days.

Date: _____

Name: _____

Address: _____

Daytime Phone Number: _____

Fax Number: _____

e-mail: _____

Instructor Name: _____

Data Requested (please be specific)

Topic: _____

Data Year(s): _____

Area/Region: _____

Type of numbers/rates: _____

How would you prefer to receive the information? (please check):

Mail

Phone

Fax

e-mail

Please mail or fax completed form to the Kent County Health Department:

Kent County Health Department
CD Epi Unit – Data Request
700 Fuller NE
Grand Rapids, MI 49503
Fax: (616) 336-4621

Completed by (KCHD use only):