



**Lewis County Public Health
Assessment Division**

DATA REQUEST FORM

Date Requested:

Contact Name:

Organization:

Address

Phone: Fax:

E-mail:

Purpose of Data/Use:

TYPE OF INFORMATION REQUEST

(1) Type of information/analysis/health indicator:

(2) Geographic area:

(3) Years of data:

(4) Age group:

(5) Race/ethnicity:

Date Needed:

Entered by:

FOR OFFICE USE

Date Request Completed: .

Time to Process:

Request Processed By:

Please return this form by email to: Doug Wangen, ddwangen@co.lewis.wa.us

Or by mail to: Lewis County Health Department, attention: Doug Wangen

360 NW North Street, Chehalis, WA 98532