



# KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

## Epidemiology Data Request Form

### Instructions

Please read this form thoroughly prior to submission. Think through your request and fill in all fields as completely and accurately as possible, as this will allow us to fulfill your request more efficiently. We cannot fulfill requests that extend beyond available resources or compromise confidentiality. Questions and data requests should be emailed to [hcsdata@kalcounty.com](mailto:hcsdata@kalcounty.com).

### Contact Information

Person requesting data \_\_\_\_\_

Organization \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

### Data Request

Date of Request \_\_\_\_\_

Date Needed \_\_\_\_\_

Note: Please allow for a minimum of 14 days to receive your request. Complex data requests may take a longer period of time to complete.

### Type of data requested (please provide a detailed description of the data needed below)

- include specific groups (age, gender, race, etc), geographic area (county, zip, etc), time frame

### Purpose of Data Request (briefly describe below)

- Publish, Present, or Reproduce Data
- Grant Proposal
- Media (all media requests will be forwarded to the KCHCS Public Information Officer)
- Needs Assessment/Planning
- School Project/Homework
- Other (please describe)

**HEALTH AND COMMUNITY SERVICES DEPARTMENT**

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