

Southern Nevada Public Health Data Request

* Indicates a required field

*Date Needed: _____

Requestor Information

*Requestor's Name: _____

*Address: _____

*City: _____ *State: _____ *Zip _____

*Phone Number: (____)____-_____

*Fax Number: (____)____-_____

*Email Address: _____

Information Requested

***Clearly describe the information required and your intended use of the data.**

Subgroups of Interest

Race

White

Black

Asian/Pacific Islander

Native American

Sex

Male

Female

Ethnicity

Hispanic

Non-Hispanic

Please indicate crosstabulation required. (e.g. age by race)

***Do you want data grouped by age?**

Yes No

If yes, specify age grouping. (e.g. 0-4, 6-18, 65+)

What data years do you need?

***Starting Date**

***Ending Date**

***Frequency of Data**

By total By Month By Quarter By Year

Other Please specify

Intended Use of Data

***Will data be published or reproduced?**

Yes No

If yes, what type of publication?

Internal publication or report

Commercial publication for which a charge will be made

Commercial publication for which a charge will not be made

Academic Research Paper

Web site with general access

Web site with restricted access – Please provide details

Other

Terms of Use

I certify that all information provided is true and correct.

I agree that the public records will not be transmitted or resold to any other person or entity without specific authorization from the Health District's record custodian.

I agree to delete all data acquired via this request from my database and all other electronic media forms upon completion of the purpose or use for which the request is made.

I understand that if this information is provided, there may be a charge and I will have to sign an agreement for a Public Records Request.

I agree not to hold the Southern Nevada Health District liable for any inaccurate or incomplete information I may receive.

I have read, understood, and agree to the Terms of Use.

Signature _____ Date _____

Fax completed form to (702) 759-1414 or e-mail completed form to epidemiology@sndhmail.org

Office Use Only

Completed by:

Date:

Time to Complete:

Distribution: Mail Emailed Fax Pick-up