WV Bureau for Behavioral Health and Health Facilities

Data Request Tracking Form

Contact Information

Name

Title

Agency

Phone

E-mail

Date of Request

Date Needed

☐ Check here if this is an urgent request.

Request Information

Type of Data Requested

Variables Requested

Time Frame Requested *(i.e. monthly, past year, etc.)*

Purpose of this Request

Intended Use of this Data

☐ Check here if you intend to use this data for publishing.

If you checked the box above, please describe the publication.

For internal use only:
Received: _____
Assigned to: _____
Completed: _____

Please e-mail this completed form to: Melody Gwilliam, Epidemiologist, Melody.K.Gwilliam@wv.gov

Print Form

Submit by E-mail

DISCLAIMER: Due to the variety of data sources and the nature of requests, most requests typically take up to five (5) business days to be completed.