

**Rhode Island Department of Health**  
**Childhood Lead Poisoning Prevention Program**  
<http://www.health.ri.gov/lead/>  
**DATA REQUEST FORM**  
**(for non-confidential information)**

	1	Aggregate data available
	2	Aggregate data to prepare
	3	Raw-non confidential data

Please fill the form in FULL, except for shaded areas. Call for further information if needed.

1	<b>Date of request:</b>	
2	<b>Received:</b>	
3	<b>Date required:</b>	
<b>REQUESTOR</b>		
4	Requestor's Name	
5	Affiliation/Organization	
6	Titles/degrees	
7	Full Address	
8	Phone, Fax, Email	
<b>CONTENT OF THE REQUEST</b>		
9	Type of data (screening, inspections, lead hazard removal, poisonings, etc.)	
10	Period from which data is being requested (specific dates, year, etc.)	
11	Population (DOBs, ages, etc.)	
12	Data format and details (Hard copy, electronic file, ASCII file, other)	
13	If you have requested this data in the past, please include copy or information about dates, content, etc. of data released in the past	
14	Other comments/observations relevant to data request	

(OVER, PLEASE)

(FILL THIS PORTION ONLY IF THIS APPLIES TO YOUR REQUEST)			
Individual fields information:			
	Field Name	Max. Field Length available	Data type (date,numeric,etc.)
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ADDITIONAL REMARKS:

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Attachments:

Please email request to Anne Cardoza, Data Manager at [Anne.Cardoza@health.ri.gov](mailto:Anne.Cardoza@health.ri.gov)