

# Health, Policy and Evaluation Research Division

## Data & Mapping Requests

Tracking Number

Please submit requests by email ([Niketa.Walawalkar@doh.state.fl.us](mailto:Niketa.Walawalkar@doh.state.fl.us)), fax (253-2480), interoffice mail (MC 99), or drop off (900 Bldg, Suite 604) c/o Niketa Walawalkar

**Requests must be made at least 7 days prior to the date requested**  
(Please Fill Out Completely)

Requestor: \_\_\_\_\_

Program Name: \_\_\_\_\_ DCHD Program? Yes \_\_\_\_\_ No \_\_\_\_\_

Organization/Department: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Description of Work (Be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will the data/map be used? \_\_\_\_\_

\_\_\_\_\_

If applicable:

Statistics Needed:

- Frequencies
- Percentages
- Means
- Rates
- Inferential Analysis (specify below)

Output Type:

- Tables
- Graphs
- Data File
- Spreadsheet
- Map

Data Type:

- Address (For maps only)
- Zip Code
- State
- County
- Health Zone
- Country

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

----- **Do Not Write Below This Line** -----

Staff Person: \_\_\_\_\_ If DCHD request: HPER \_\_\_\_\_ Other \_\_\_\_\_  
Signature

Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Actual Work Hours: \_\_\_\_\_

Foundation Request \_\_\_\_\_ Request for grant support \_\_\_\_\_ General data request \_\_\_\_\_

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_ Signature: \_\_\_\_\_  
Coordinator - Center for Health Statistics

Method/ Comments \_\_\_\_\_

\_\_\_\_\_