

Early Childhood Project Data Request Form



Date of Request: _____

Date Information Needed By: _____

Organization or Individual Requesting Data: _____

Contact Person: _____

Phone Number: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Requesting Organization Type: (check all that apply)

Public/Non-profit

Private

Government Agency

State Organization

National Organization

Other (please describe): _____

Provide a detailed description of the data/information you are requesting:

Time Period of Data Requested:

Current point in time

Date range: From: _____ To: _____

Other: (please describe) _____

Geographic Area Requested: (You may select multiple, eg. check Montana Statewide and All Counties if you need a statewide total and a breakdown by county.)

Montana Statewide

By County:

All Counties

Specific Counties: (please list) _____

By City:

All Cities

Specific Cities: (please list) _____

By CCR&R Region:

All Regions

Specific Regions: (please list) _____

Other: (please describe) _____

This data will be used in a published report: Yes No

Describe the purpose for this request: (i.e. why are you requesting this information, what it will be used for, etc.)

I understand that if this request is approved, I will only have permission to use this information in the manner I have described. I understand that if the information is used for any other purposes, ECP reserves the rights to deny further requests. If requested data is used in a published document, ECP will be credited in the document. I understand that data requests may take up to 4 weeks to complete, or longer depending on the extent of the request.

Signature: _____ **Date:** _____

For Office Use Only:	
Approved	Date Request Completed: _____
Denied	Reason (if denied): _____