



| Data Request Form - Resource and Referral Department Child Care | | | | | |
|---|--|--------|--|-------|--|
| Name: | | Title: | | Date: | |
| Organization: | | | | | |
| Affiliation or contractors associated with this request: | | | | | |
| Address: | | State: | | ZIP: | |
| Phone: | | Alt. | | Fax: | |
| Email: | | | | | |
| Purpose of information requested: | | | | | |
| How will this information be used: | | | | | |
| When will this information be used: | | | | | |
| Exact Description of required information: | | | | | |
| Date Required: | | | | | |

| For Office Use Only: | |
|--|--|
| Was all requested information provided? Yes <input type="checkbox"/> (attach copy of report and cover letter) | No <input type="checkbox"/> |
| If No, Please explain reason(s): | |
| Date Information Provided: | |
| Total Time to Compile Data: | |
| Staff Name: | |
| ALL 4C COUNCIL INFORMATION CANNOT BE COPIED OR DISTRIBUTED WITHOUT PRIOR APPROVAL FROM THE 4C COUNCIL EXECUTIVE DIRECTOR OR DESIGNEE. | |
| Forward Copy to: | Executive Director and R&R Statistics File |