

# Warren County Data Request Form

**Required: Correct change or check.**  
**Complete areas 1 - 8, an incomplete form WILL cause a delay**

(1) Requester: \_\_\_\_\_

(2) Address: \_\_\_\_\_  
\_\_\_\_\_

(3) Telephones: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

(4) Requested Data: \_\_\_\_\_

i.e. Names, \_\_\_\_\_  
addresses, \_\_\_\_\_  
dates, \_\_\_\_\_  
amounts, \_\_\_\_\_  
from when \_\_\_\_\_  
to when, \_\_\_\_\_  
for what \_\_\_\_\_  
group, etc. \_\_\_\_\_

**Do Not use separate page** \_\_\_\_\_  
\_\_\_\_\_

(5) Shipping:  Requester Pick-up  Mail to Requester Other \_\_\_\_\_

(6) Medium Enter check mark (✓) in the number of boxes specified in the section of your choice.

Printed  Paper, 2¢/page (On 8 ½ X 11" white or 11 X 14 greenbar, *depending on the report*)

CD ROM, \$2

\_\_\_\_\_

E-Mail Payment before sending  
Check 2 boxes (1 here & 1 in the area at right)

Check a format. If no format is specified, SDF is assumed.

DIF Format (Excel & others)  
SDF Format (Text **Non**-delimited)  
CSV (Comma delimited)  
TAB (Tab delimited text)

**(Note: Do not order more data than your Spreadsheet can hold!)**

(7) Signature \_\_\_\_\_ (8) Date \_\_\_\_\_

## Items below completed by County Personnel

### Cost Summary

Distribution Fee/Postage. . . . . \$ \_\_\_\_\_

Programming: \_\_\_\_\_ Hours at 75.00 Per hour \_\_\_\_\_

Operations: \_\_\_\_\_ Hours at 45.00 Per hour \_\_\_\_\_

Materials: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Cost . . . . . \$ \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Distribution Date: \_\_\_\_\_

Project number: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_