Early Childhood Project Data Request Form



Date of Request:		early childhood pr
Date Information Needed By:		
Organization or Individual Requesting Data:		
Contact Person:		
Phone Number:	Email Address:	
Address:		
City:	State:	Zip:
Requesting Organization Type: (che	eck all that apply)	
Public/Non-profit		
Private		
Government Agency		
State Organization		
National Organization		
Other (please describe):		
Provide a detailed description of the	ne data/information you are red	uesting:
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: Date Request Completed: Approved

Reason (if denied):

Denied