



Marion County
OREGON
Health & Human Services

Public Health Data Request Form

Requestor's Name:

Date of Request:

Contact Information

Name:

Organization:

Address (Line 1):

Phone Number (ex. 503-123-4567):

Address (Line 2):

E-mail (ex. name@example.com):

City, State, Zip Code:

Please provide a description of your request, including background, purpose, any specific questions, and your plan for using or sharing this information:

Requested return date:

Note: Certain browsers may be incompatible with submit function, if unable to submit please send completed form to HealthData@co.marion.or.us

***Please note that some information is not available or possible to share. We make no guarantee that your request will be fulfilled by the desired return date.**

Examples of available information: Chronic Disease Prevalence and Demographics, Communicable Disease Rates, etc.

Please contact HealthData@co.marion.or.us for questions, issues, or concerns regarding this form