Washington State - Office of Nutrition Services

**DATA REQUEST FORM**

Please send questions and completed form to: [WICDataRequests@doh.wa.gov](mailto:WICDataRequests@doh.wa.gov)

1. Today’s date:
2. Requester name:
3. Agency Name:
4. Clinic Name(s):
5. Email:
6. Contact person name, if different than requester:
7. Contact person’s email:
8. Name or title of report/data request:
9. Purpose of request *(how the data will be used)*:
10. Data request details:
11. Due date:

***\*\*Please allow at least 3 weeks from date of request\*\****

Please note: We do not do reoccurring requests. You will need to submit a new request for each reporting period needed.