

North Carolina EMS Region I Database

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Routine Data Request

Name:

INSTITUTION:

DEPARTMENT:

ADDRESS:

PHONE:

FAX:

EMAIL:

DATE OF REQUEST:

DATE NEEDED:

INFORMATION
REQUESTED:

PURPOSE OF
INQUIRY:

PREFERRED FORMAT (electronic or hard copy; spreadsheet or report with narrative):

Please attach check in the amount of \$100 payable to Council of Governments. If you feel an exemption to the fee is warranted, please attach a letter requesting a waiver. Waivers are granted on an individual basis. If your request for data is denied, Region I will refund the fee.

Region I USE ONLY

DATE RECEIVED:

DATE COMPLETED:

REQUEST RECEIVED BY:

Jason Edsall