



Early Childhood Council
of La Plata County

Data Request Form

Please print

Name: _____
Organization: _____
Address: _____
City: _____ Zip: _____
Phone: _____
Email: _____

Data needed (please be very specific, including county, year):

Reason (s) for data request:

Date needed by (turn-around time may take up to 2 weeks from the date requested): _____

Requested by: _____ Date _____