

**Worcester Division of Public Health**  
*Lead agency of the Central MA Regional Public Health Alliance*



**Epidemiological Data Request Form**

**CONTACT INFORMATION**

Name:

Title:

Organization:

Phone:

E-mail:

**DATA REQUESTED**

Date Data Request Submitted:

Date Data Needed by:

*Please allow at least 2 weeks for requests to be processed.*

Municipality for which data applies:

Grafton  Holden  Leicester  Millbury  Shrewsbury  West Boylston  Worcester

*Provide a description of the public health data you are requesting. Please try to be as specific as possible. Also include what the data being requested will be used for. Send completed form to [health@worchesterma.gov](mailto:health@worchesterma.gov)*