



Louisiana Safe Drinking Water Program Data Request Submittal Form



Step 1: Complete this form and submit to DHH via U.S. Mail or Fax to:

U.S. Mail

DHH OPH Engineering Services
Attn: Data Request
P.O. Box 4489
Baton Rouge, LA 70821-4489

Fax

225-342-7303

Step 2: When we receive your request via fax or U.S. Mail, You will be contacted by phone or email within 3 business days to:

- Review and Confirm the Requested Data
- Provide Cost Estimate based on DOA Uniform Fee Schedule 4700-83
- Your preferred method of data transfer (hard copy mail, email attachment, CD Rom)

Fees and Payment Information

8 ½ x 11 Paper Copies	25¢ page
Printable Computer Reports	25¢ page
Electronic Spreadsheet File	05¢ page

Data Programming Fee (when applicable) \$30/hour

CD Rom (when needed) \$5.00

Send payment based on estimated cost (check or money order made out to Dept of Health and Hospitals). Payments may be mailed or delivered in person. Data will be provided once payment is received by DHH.

Date of Request: _____ Requestor Name: _____
 Daytime Telephone: _____ Organization/Company Name _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Email Address: _____ Fax Number: _____

Please list in detail the information you are requesting. Be specific and attach additional pages as needed.

Date Request Received: _____ Contacted by Phone or Email Estimate Date: _____
 Cost Estimate: _____ Cost Estimate Basis: _____
 Data Sent as: Email Attach CDRom HardCopies Date Data Sent: _____