

VIPP Data Project Request Form

Please complete the following information. When complete, click the "print form" button, save as a PDF in your print screen, and send your request to Gary Mower at gdmower@utah.gov.



288 North 1460 West / Box 142106
Salt Lake City, UT
84114-2106
Phone: 801-538-6864
Fax: 801-538-9034
www.health.utah.gov/vipp/

TODAY'S DATE

DATE NEEDED

REQUESTED BY

Name:

Email:

Phone Ext:

Internal Use Only

Date Received:	<input type="text"/>
Date Completed:	<input type="text"/>

QUESTION TO BE ANSWERED

What do you want to know?

AGE GROUP

- Kids (0-14)
- Teens & Young Adults (15-24)
- Adults (25-64)
- Older Adults (65+)

PRODUCT

- Data Request Only
- Fact Sheet
- Talking Points
- Other
- Please specify:

TOPIC AREA

- Child Maltreatment
- Domestic Violence
- Falls
- Homicide
- Motor Vehicle Crashes
- Prescription Drug Overdose
- Rape
- Student Injury
- Suicide
- TBI & SCI
- Other
- Please specify:

YEAR(S)

- Single Specify:
- Grouped Specify:

Please explain your request in detail.

Send all data requests to Gary Mower at gdmower@utah.gov. The appropriate person will contact you to set up a meeting to discuss your data request further if needed. Thank you!