**Data Request form**

**Observation Surveys for End Commercial Tobacco Campaign**

**Please fill out the requested information.**

**1. Requestor Information:**

Name: Title:

Affiliation:

Address:

Telephone: Fax:

E-mail address:

**2. Which data sets do you request for?**

**1) Retail observation survey**

**2) MUH observation survey**

**3) Outdoor observation survey**

**3. What is the purpose for obtaining this dataset?**

**4. How will the data be used?**

**5. Will work on this project involve outside contractors?**

**Yes**  **No**

**Please specify:**

**6. Funding source(s) for this research:**

**Source Credits:**

Any published material derived from this data should acknowledge the California Department of Public Health (CDPH) as the source of the data. It should also include a disclaimer that credits the author (recipient of the data) with any analyses, interpretations, and conclusions, and that CDPH is only the initial data source. Users who wish to publish a technical description of the data should make a reasonable effort to ensure that the description is consistent with that published by CDPH.

**I agree that my project will adhere to the stipulations in the “End Commercial Tobacco Campaign Data Analysis Guidance” document and confirm the project goals and target sample size with** [**tobaccoeval@ucdavis.edu**](mailto:tobaccoeval@ucdavis.edu)**. My project will maintain the confidentiality of the data. The data will be stored securely, and no individually identifiable data will be reported, published, or otherwise shared outside of the researchers directly working on the project.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** \_\_\_\_\_\_\_\_\_\_\_\_