



REQUEST FOR INFORMATION

DATE RECEIVED:

FROM:

DATA REQUESTED:

DATE NEEDED:

ADDITIONAL SPACE (PLEASE SPECIFY REQUEST):

INTERNAL USE BY OAR

Data Available: Y___ N___ Supplied: Y___ N___ Date Completed: _____

Processor: _____ Delivery Method: _____

Date: _____ By: _____

DATA NOT IMMEDIATELY AVAILABLE: Y___ N___

REQUIRES DATA ANALYSIS: Y___ N: _____

REQUIRES DATA COLLECTION (S) FROM OTHER UNITS: Y___ N: _____

UNIT NAMES (S):

ESTIMATED TIME OF COMPLETION:

COMMENTS:

DIRECTOR'S SIGNATURE:

SENIOR VICE PRESIDENT AND CHIEF ADMINISTRATIVE OFFICER (REVIEW AND SIGNATURE):