



**ARIZONA HIGH INTENSITY DRUG TRAFFICKING AREA
OPIOID MONITORING INITIATIVE**



INFORMATION REQUEST

REQUESTOR'S NAME:

DATE SUBMITTED:

AGENCY:

RESPONSE DEADLINE:

PHONE:

CHECK IF URGENT:

EMAIL:

If HIDTA Initiative:

Initiative Name:

Phone:

Point of Contact:

Email:

TYPE OF REQUEST: (TYPE/PURPOSE)

REQUESTED DATES AND/OR RANGE:

DATA INDICATOR: (I.E. FATAL/NON-FATAL HEROIN / Rx DRUG OVERDOSES)

GEOGRAPHIC AREA: (STATE OR LOCAL)

INFORMATION REQUESTED WILL BE SHARED WITH THE FOLLOWING AUDIENCE(S):

PLEASE CHECK ALL THAT APPLY:

LAW ENFORCEMENT	<input type="checkbox"/>
PUBLIC HEALTH	<input type="checkbox"/>
HEALTHCARE PROVIDERS	<input type="checkbox"/>
PUBLIC	<input type="checkbox"/>
OTHER (PLEASE SPECIFY)	<input type="checkbox"/>
ALL OF THE ABOVE	<input type="checkbox"/>

PLEASE NOTE: The response deadline will be met if practical to do so; you will be notified if additional time is needed. Request Form and/or questions should be submitted to OMI@azhidta.org.