

# KA MANA O NA HELU

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## CUSTOM DATA OR REPORT REQUEST FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Requested Completion Date: \_\_\_\_\_

Description of Custom Data or Report Request:

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Data Request Funding Source (select one):

☐ County: \_\_\_\_\_ ☐ Organization: \_\_\_\_\_ ☐ Bridging the Gap

Please email completed request form to [carlos@kamanaonahelu.org](mailto:carlos@kamanaonahelu.org).

Once request is received, KMNH will respond within 5 business days. KMNH will forward the completed request form to the BTG data committee and for approval from the BTG Board of Directors. Approval of data requests and applicable fees will be determined by the BTG BOD.

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For KMNH Use Only:

Estimated Cost: \_\_\_\_\_

Timeframe for Completion: \_\_\_\_\_

KMNH Resources Required for Completion: \_\_\_\_\_