

SanWITS Report Request Form

Email request to [SUD MIS Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)

Date of Request:

Requestor's Name:

Email Address:

Agency:

Please provide a brief description of the report:

Data Fields to be included:

How the data should be sorted:

Preferred Title for the Report: