

ARCHIVE RESEARCH REQUEST

	Date:
Name:	
Phone:	Email:
Subject Matter:	
Time Span:	
List any keywords, names, or related items tha	t might help with research:
If the request is for a picture:	
Is it a picture of an individual or a grou	ıp? □ Individual □ Group □ No preference
Approximate year:	
Where was the picture taken?	
Please list all of the information you ha	ave on the subject:
Date needed (Allow a minimum of 2 weeks): _	
Archives are open on Wednesday and Friday.	Which day is more convenient for you?
□ Wednesday □ Frid:	ay
Time:	

Instructions to Applicant

• No materials may leave the Archives Room

Completed on: _____

- An archivist must be present at all times
- You will be contacted by phone when the information is available

Applicant's Signature:	
Application Accepted By:	
MONETARY DONATIONS ARE APPREC	CIATED TO MAINTAIN OUR ARCHIVES
FOR ARCHIVES ONLY	
Date of Viewing:	Time: