



WESLACO MUSEUM

OF LOCAL HISTORY AND CULTURAL ART

ARCHIVE RESEARCH REQUEST

Date: _____

Name: _____

Phone: _____ Email: _____

Subject Matter:

Time Span: _____

List any keywords, names, or related items that might help with research:

Reason for request:

University/college research project _____

I am working on a book _____

I am conducting history for my family records _____

Other (please specify) _____

If the request is for a specific photo:

Is it a photo of an individual or a group? Individual Group _____

Approximate year: _____

Where was the picture taken? _____

Please list all of the information you have on the subject: _____

Date needed (Allow a minimum of 2 weeks): _____

Instructions to Applicant

- You will be contacted by phone or email when the information is available.

Applicant's Signature: _____

Application Accepted By: _____

HELP US MAINTAIN OUR ARCHIVES—DONATIONS ARE APPRECIATED

FOR ARCHIVES ONLY

Date of Viewing: _____ Time: _____

Completed on: _____