

Research Request Form

Name:	Date:	
Address:	City:	Prov:
Phone:	Email:	
Request Details: (please be specific)		
<p>*The Museum applies a fee or requests a donation in order to cover material costs, research time and upkeep to the collection. Research Rates per hour: \$30.00 Personal \$40.00 Commercial <i>Please note that photographic reproductions and photocopies are priced separately (see the Reproductions Fee Schedule).</i></p>		
<u>Description of items or files copied:</u> (Use back of form if required)		
<u>Office Use Only:</u>		
Date to Access Archives: _____		
Staff Completing Research: _____ Time required for Research: _____		
Staff assisting research: _____ Time required for Assistance: _____		
Date Completed: _____ Total Charge (incl. copies, etc.) <input type="text"/>		
Date Items Picked Up (if applicable): _____		
Signature of Recipient: _____ Staff Signature: _____		