TRI-CITIES
HISTORICAL
MUSEUM

Research Request Form

Name: _____

Organization/Business: _____

Telephone: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Purpose for research: _____ Date needed (do not use ASAP)

_____

Please explain your request with as much detail as possible. Names of individuals and/or businesses, their relationship to one another, dates, and locations are especially helpful. Turn-around time is 1-2 weeks (or sooner for special circumstances determined by the Museum).

Received by: _____ Date: _____

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