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www.litchfieldhistoricalsociety.org

Research Form

Please print clearly and fill in all information.

Personal Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Institutional Affiliation	

Membership

Are you a member of the Litchfield Historical Society? Yes No

Are you interested in becoming a member? Yes No

Research Questions

Please describe the topic(s) of your research. Do you intend to publish? Yes No If yes, please explain.
Attach additional pages if necessary.

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May we inform another user studying a similar topic that you are researching the same topic? Yes No

Payment and Signature

Please enclose \$25 for each research question. Requests are answered in the order received. **Allow 6-8 weeks for response.** The fee includes up to 10 b&w photocopies. Additional copies are 25¢ per 8 ½x 11 page. Staff time is limited to ½ hour per request. Extensive copy requests will be fulfilled when volunteers are available and may take longer than the standard response time. Please be aware that some materials are too fragile to reproduce.

Name (printed)	
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Check enclosed <input type="checkbox"/> or	Credit Card Number (All Types Accepted) _____ Security Code _____
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For staff use only:

Date Received _____ Answered by _____

Time spent on Request _____ Follow up required Yes No