Research Request Form

Contact Information:
Date: ____________________________
First Name: ____________________________ Last Name: ____________________________
Address: _______________________________________________________________________
City: ____________________________ State: _______ Zip: ____________________________
Preferred Method of Contact:
☐ Email: ____________________________
☐ Phone: ____________________________

Research Request:
Name(s): _______________________________________________________________________
Date(s): _______________________________________________________________________
Location/Place: __________________________________________________________________
Event: _______________________________________________________________________
Detailed Description of Request:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Information needed by: ____________________________(date)

Research rates: $20/hour(members)*  $22/hour(non-members)*

Number of hours requested: ______(1 hour increments only)

*If scans or copies of images from the collection are requested they will be provided at an additional cost determined by the museum’s Image and Use fees.

Once all the fees are paid the requestor named above will be provided with any and all relevant information uncovered within the pre-negotiated research hours listed above.

Please make checks payable to:
Edina Historical Society
Or

Email Museum@EdinaHistoricalSociety.org to receive an invoice and pay by credit card. Please note that credit card payments are subject to an additional 3% service fee.