



Edina Historical Society

4711 West 70th Street
Edina, MN 55435

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.