



RESEARCH REQUEST FORM
CARBON COUNTY MUSEUM
904 WEST WALNUT ST.
RAWLINS, WY 82301

Date of Request: \_\_\_\_\_

Researcher's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact: [ ] US Mail [ ] Phone [ ] Email

Research Request (please be as specific as possible)

Multiple horizontal lines for writing the research request details.

The first hour spent on each research request is free; each hour after the first hour is \$15. Carbon County Museum will respond as soon as possible with a list of types of material in our collection that meet the above criteria. Reproduction and publishing requirements and fees are based on the Museum's Copy-Processing Fee Schedule, Image Use Fee Schedule, and Permission to Publish Contract.

Office Use Only

Staff Initials: \_\_\_\_\_ Date Started: \_\_\_\_\_ Date Response Sent: \_\_\_\_\_

Total Time: \_\_\_\_\_

Type and number of copies (photographs, archival, audiovisual, etc.; ex. 5 photocopies)

Horizontal lines for specifying the type and number of copies.

Amount Due (total time + total for copies) \_\_\_\_\_

How was the request fulfilled? (What files were pulled?)

Multiple horizontal lines for describing how the request was fulfilled.