

Date _____

DARTMOUTH HERITAGE MUSEUM SOCIETY

Research Request Form

Name _____	Address _____
Phone _____	Email _____
Purpose:	
Genealogical _____	Business/Publication _____
Academic/Education _____	Interest (specify) _____
Exhibition _____	Media _____
Brief description of subject _____	

Preferred appointment times _____	
Do you want to order copies of material? _____	
Data from this form is used for statistical and research topic summaries. Reply may take 4-6 weeks.	

Archival/Reference facilities are available to researchers by appointment only.

Please return this form to: Dartmouth Heritage Museum, "Evergreen House" 26 Newcastle Street, Dartmouth, NS, B2Y 3M5.
Phone (902) 464-2300 Fax (902) 464-8210

Office use only _____
