

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 _____
