



RESEARCH REQUEST FORM

Contact Information:

Name _____ Date _____

Address _____

Phone _____ Email _____

Research Inquiry (Please state your question and provide any information that may assist us in meeting your request. Attach any additional sheets as necessary):

Please make checks payable to:

Lebanon County Historical Society
924 Cumberland St
Lebanon, PA 17042

LCHS Member (\$20/hr.)

Non-Member (\$25/hr.)

Research hours _____

Amount enclosed \$_____