



RESEARCH REQUEST FORM

Contact Information:

Name _____

Date _____

Address _____

Phone _____

Email _____

Research Inquiry (Please state your specific questions and provide information on what you already do know about the subject and what your source was for that information. If known, include approximate dates, township, or affiliated church or faith. Attach any additional sheets as necessary):

If paying via check, please mail the completed form with a check payable to:

Lebanon County Historical Society
924 Cumberland St.
Lebanon, PA 17042

- LCHS Member (\$20/hr.)
- Non-Member (\$25/hr.)

Research hours _____
Amount enclosed \$ _____

If paying via credit card, please provide the order/receipt number: _____

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