



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

All research requests must be for a minimum of two hours.

LCHS Member (\$20/hr.)

Research hours (two hour minimum) _____

Non-Member (\$25/hr.)

Amount enclosed \$ _____

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

Credit card payments can be made on our website at: www.lebanoncountyhistory.org/shop/research-request