



## 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):

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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: \_\_\_\_\_

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