



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):

Payment Information:

Please make checks payable to: Lebanon County Historical Society
924 Cumberland St
Lebanon, PA 17042

LCHS Member \$15.00/hr Non-Member \$20.00/hr Research hours _____ Amount Enclosed \$ _____