

Archives Request Form

Sioux City Public Museum

607 4th Street

Sioux City, IA 51101

(712) 224-5001

(Fill out and mail to the Research Center at the museum)

1. DATE OF INQUIRY _____

2. PATRON'S NAME _____

3. STREET ADDRESS _____

4. CITY _____ STATE _____ ZIP CODE _____

5. TELEPHONE # _____ FAX OR E-MAIL _____

6. INQUIRY (Write this in the form of a question. Also, give as many details as you have.)

7. FEES: Are you willing to pay research fees and photocopy charges? _____

If so, please write a total limit of fees and charges: _____

(Research fees after the first free half hour are \$15.00 an hour. Photocopy Charges are 25 cents per page, microfilm copies are 25 cents a page. Postage and Handling Fees vary. Digital image costs start at \$5.00. Ask staff for specific charges).

(TO BE FILLED OUT BY ARCHIVES STAFF):

A. SOURCES USED _____

B. TIME INVOLVED _____

C. SENT INVOICE _____ AMOUNT _____

D. RESEARCH CONDUCTED BY _____

E. DATE COMPLETED _____ SUBJECT _____