



O. B. Brewster Memorial Library - Request for Information Form

Essex County Historical Society / Adirondack History Museum
7590 Court St., PO Box 428, Elizabethtown, NY 12932
(518)873-6466 www.adkhistorymuseum.org

Fees:

\$12.00/hour/request for members
\$25.00/hour/request for non-members
\$50.00/hour/request for commercial researchers.

Digital Reproduction Rates of Photographs for Personal Study/Preliminary Viewing:

Digital Image \$15.00/image

If you are in grades K-12 and you have questions regarding the history of Essex County please call or email and we'll gladly help you at NO CHARGE.

Date: _____ Other (Town/County/State) Commercial Non-Profit Personal

Name: _____

Organization/Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Research topic:

Photograph(s) and/or photographic subjects to be searched:

1) Name to be researched: _____
Place of residence: _____
Dates of birth, death, and/or residence: _____

2) Name to be researched: _____
Place of residence: _____
Dates of birth, death, and/or residence: _____

3) Name to be researched: _____
Place of residence: _____
Dates of birth, death, and/or residence: _____

4) Name to be researched: _____
Place of residence: _____
Dates of birth, death, and/or residence: _____

***Please note: ECHS does not hold Birth, Death, Marriage, or Naturalization Records. These are kept by Town Clerks and the New York State Archives.**

Please check the statements that apply to your research request. Research prices include up to \$5.00 of copying and shipping/handling fees.

_____ (Please Initial) I accept the Essex County Historical Society's rules regarding the preliminary use of information and reproductions for personal use found below.

_____ I have enclosed \$25.00 (\$12.00 for members) for one hour of research regarding the information I have provided on my topic.

_____ I have enclosed \$50.00 (Commercial research request rate) for one hour of research regarding the information I have provided on my topic.

_____ I understand that if little or no information is found I will not receive a refund.

_____ I authorize \$_____ for photographic reproductions to be sent to me via _____

_____ I understand that additional costs may accrue in order for my research requests to be met.

Please make checks payable to Essex County Historical Society.

Visa/MasterCard # _____ Expiration Date _____

Security Code (3 digit code back of card) _____

Name as it appears on card _____

Signature: _____ Date: _____

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All photographs are subject to a scanning fee. All individual researchers will be charged a flat fee for scanning and service. This fee helps pay for staff time and materials.

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