

**Sioux City Public Museum**  
**Archives Request Form**  
(Fill out and mail to the Pearl Street Research Center)

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. 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 a page, microfilm copies are 25 cents a page. Postage and Handling Fees vary.)

**(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 \_\_\_\_\_