

Onondaga Historical Association

321 Montgomery Street
Syracuse, NY 13202-2098
315.428.1864; 315.471.2133 FAX
ohamuseum@cnyhistory.org

Research Services Request Form

Please fill in the research services request form below as completely as possible so that your request may be processed as soon as possible. It may take 4-6 weeks to process your request.

Please provide us with any specific dates, locations and/or resolution/ordinance numbers you may have. This may expedite the research process.

Fees:
Research Service: \$30*/hour
Minimum of \$15* (half-hour of research) per request
B/W Copies: \$0.50*/8.5x11 paper
Members' copies are half-price.
Postage: To be determined

[*For NY: add 8% sales tax]

Paid requests are handled on a first come, first serve basis. OHA cannot guarantee that requested information will be found, however, we will do our best to find information in the time allowed.

Copies are for personal and research purposes only; they may not be put online or used in publications without permission from OHA.”

Signature Date _____

Your information:
Name _____ Date _____

Institution Affiliation (if any) _____

Mailing Address _____

City, State, Zip Code _____

Telephone _____ Fax _____

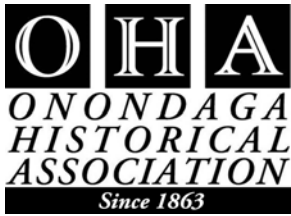
Email _____



OHA accepts checks, cash and credit cards. For faster service, please complete this form with your credit card information and send it to the address above, email it, or fax it to (315) 471-2133.

Credit card name and number Exp. date & 3 digit code # on back of card

Signature Date _____



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Research Services Request Form

Research Request (please be very specific with your request):

Research on an individual:

Name: _____

Important Dates: Birth: _____ Death: _____ Marriage: _____

Spouse: _____ DOB: _____ DOD: _____

(include maiden name)

Church Affiliation: _____

Other Family members:

Father: _____ DOB: _____ DOD: _____

Mother: _____ DOB: _____ DOD: _____

Children: _____ DOB: _____ DOD: _____

_____ DOB: _____ DOD: _____

_____ DOB: _____ DOD: _____

_____ DOB: _____ DOD: _____

_____ DOB: _____ DOD: _____

_____ DOB: _____ DOD: _____

Any other pertinent info:

Total Hours Requested _____

Total Cost _____

You may send additional pages of information, if needed.

Please send this signed form along with payment to:

**Onondaga Historical Association
321 Montgomery St., Syracuse, NY 13202**

Or send, with payment via email sarah.kozma@cnyhistory.org or fax (315) 471-2133.

Note: no research will be started until form is completed, signed, and returned with payment.