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| CASTLEMAINE HISTORICAL SOCIETY INC.  RESEARCH REQUEST FORM | |
| Your name: |  |
| Email address: |  |
| Postal address: |  |
| Phone (include relevant area codes) |  |
| Date: |  |
| RESEARCH OPTION SELECTED |  |
| PAYMENT METHOD CONFIRMATION |  |
| RESEARCH DETAIL  Names  Location  or  Subject to be Researched |  |
| Approximate Year |  |
| Place |  |
| Building |  |

Please provide as much detail as you have as this will assist the research team.