BRIGHAM MEMORIAL LIBRARY



EST. 1916

Historical Records Request Form

Contact Information

Name: _____
Phone: _____
Email: _____

Records Request Information

Looking for:

- ☐ Photograph
- ☐ Newspaper Article
- ☐ General Information

Your information pertains to:

- ☐ A Person
- ☐ A Location
- ☐ A Business
- ☐ An Organization
- ☐ Sharon in General
- ☐ Other:_____

Date of Information: _____

_____

(Please be as specific as possible. Time periods too broad or general will not be entertained.)

Please Explain your Historical Records Request in Detail:

_____
_____
_____
_____
_____
_____
_____
_____

Historical records requests must be pertinent to Sharon. Please be as specific as possible when placing your request for best results.

The Brigham Memorial Library cannot guarantee that materials or information pertaining to your request are available or accessible.

Records requests may take up to 14 business days to complete from the date the Director receives this form. If further investigation is required beyond that time period to find information, you will be notified.

You may be charged for copies or work required of your historical records request.

Requester Signature:

_____Date:_____

Staff Received Signature:

_____Date:_____

Director Signature:

_____Date:_____