

LEWIS ARMY MUSEUM RESEARCH REQUEST FORM



Please email to usarmy.jblm.imcom.list.museum@mail.mil

Requestor Information		
Requestor		
Contact Email		
Contact Phone		
Date of Request		
Research Request Details		
Organization, Unit, Person, etc.		
Time Period, Era, Year Group, etc.		
Relevant Location (State, Country, etc.)		
Research Request Details and Additional Information		
Result Delivery Preferences		
I would prefer my results to be returned to me via:		
<input type="checkbox"/> Email		
<input type="checkbox"/> Compact Disk (Must pick up in person)		
<input type="checkbox"/> Flashdrive (Must provide flashdrive and pick up in person)		
<input type="checkbox"/> Site Visit	Requested Site Visit Day & Time	
<input type="checkbox"/> Other:		
<i>*Due to office limitations, we are unable to provide printing services.</i>		

LEWIS ARMY MUSEUM RESEARCH REQUEST WORKSHEET



STAFF USE ONLY

Researcher(s)			
Date Started			
Assets Used	<input type="checkbox"/> Document and Manuscript Archives <input type="checkbox"/> Digital Archives	<input type="checkbox"/> Photo Archives <input type="checkbox"/> Newspaper Archives <input type="checkbox"/> Map Archives	<input type="checkbox"/> Research Library <input type="checkbox"/> TM Library <input type="checkbox"/> Artifact Collection

Asset Name	Location	Date Pulled	Date Returned

Site Visit Information	
Confirmed Site Visit Date and Time	
Site Visit Supervision (Sign if Unsupervised)	<input type="checkbox"/> Supervised <input type="checkbox"/> Unsupervised:
Requested Assets staged in Processing Room	<input type="checkbox"/> Yes <input type="checkbox"/> No

Results	
Results typed on Word Document	<input type="checkbox"/> Yes <input type="checkbox"/> No
Results placed in Research Request Folder on Archives Computer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Results placed on CD	<input type="checkbox"/> Yes <input type="checkbox"/> No CD Name:
Results emailed to requestor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Worksheet/Results turned in to Curator	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Research Request Complete	

Notes: