

Historical Society of Carroll County
Library Research Request

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Email _____

Fee Enclosed: HSCC Member [\$16.00] _____ Non-member [\$25.00] _____

[Fee includes one hour of research time and up to ten photocopies]

Payment Method

Account Number _____

Expiration Date _____

Cardholder's Signature _____

Send request with payment to:
Historical Society of Carroll County
210 E. Main Street
Westminster, MD 21157

Requests are processed on a first-come, first-served basis. Normal response time is 4 to 6 weeks.

Name of Inquirer _____

General Subject of Research Request:

Specific Information Requested:

[Please provide as much information as possible, including names and dates. Asking specific questions will speed research and result in more accurate results. Use additional sheets if necessary.]