

# Research Request

## Calaveras County Archives

Date of Request: \_\_\_\_\_ Person Receiving Request: \_\_\_\_\_

How received: Personal visit \_\_\_\_\_ Letter \_\_\_\_\_ Phone Call \_\_\_\_\_ Email \_\_\_\_\_

### Organization, Business or Person Making Request:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Subject of Research:

Person(s), Place(s), Historical Incidents(s), etc. Give a brief background of persons, families or event about whom or which you are inquiring. Include all names, dates, names of towns, etc., which will aid the archivist in locating data.

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**Agreement:** It is my understanding that: 1) The charges for the above research are \$10.00 per hour with a \$10 minimum charge 2) A non-refundable deposit of \$10.00 is to be paid and accompany this application 3) Upon notification the research has been completed, the Calaveras County Archivist will bill me in the Amount Due as indicated below, and I will submit payment for said amount by check or money order 4) A copy of the research material will be sent to me once the payment has cleared the bank.

Signature: \_\_\_\_\_

I WISH TO LIMIT THE AMOUNT CHARGED FOR RESEARCH TO \$ \_\_\_\_\_

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Researched by: \_\_\_\_\_ Date Completed \_\_\_\_\_

Hours Researched \_\_\_\_\_

Charges: \_\_\_\_\_ Hours @ \$10.00/hr \_\_\_\_\_  
\_\_\_\_\_ Copies @ \$0.25/cpy \_\_\_\_\_  
Postage & Handling \_\_\_\_\_  
AMOUNT DUE \_\_\_\_\_

Return to:  
Shannon Van Zant, Calaveras County Archives  
P.O. Box 1281  
San Andreas, CA 95249

Calaveras County Archives: 46 N. Main St., P.O. Box 1281, San Andreas, CA 95249  
Phone: (209)754-3918 Email: [archives@goldrush.com](mailto:archives@goldrush.com)  
Open Monday and Wednesday (excluding holidays), 8:00 a.m. to 4:00 p.m., and by appointment