



Wilmington Railroad Museum

Research Request Form

Please complete this form to request research services. Providing specific, well-defined requests will help us assess feasibility, estimate time, and deliver accurate results.

Requester Information

- Name: _____
- Organization (if applicable): _____
- Email: _____
- Phone: _____
- Preferred Method of Contact: Email Phone

Requested Research Date and Time

- Requested Research Date(s): _____
- Requested Research Timeframe (e.g., specific hours or general range):

Research Topic Overview

- Brief Description of Research Objective:

- Purpose of Research (e.g., academic, legal, personal):

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Genealogical Research Notice

Please note that we have **limited genealogical resources**. In particular, we do **not** maintain extensive genealogical collections such as comprehensive **employee records** or similar personnel files. Requests relying heavily on such materials may not be feasible. Clearly identifying alternative record types is strongly recommended.

Specific Research Requests

*Please list **specific items** you are requesting. General or open-ended requests may delay processing. **We will pull the documents, photos, artifacts, etc prior to your visit. Our research fee will apply.***

For each item, provide as much detail as possible (names, dates, locations, record types, reference numbers, etc.).

1. **Specific Item Requested:**

- Description:

- Relevant Names/Dates/Locations:

- Preferred Record Type or Source (if known):

2. **Specific Item Requested:**

- Description:

- Relevant Names/Dates/Locations:

- Preferred Record Type or Source (if known):

Additional items attached

Time and Cost Acknowledgment

- **Research Rate:** \$20.00 per hour for archival research resource
- **Minimum Billing Increment (if applicable):** _____
- **Maximum Authorized Hours (optional):** _____

I understand that research is billed at **\$20 per hour** and that time spent includes locating, reviewing, and documenting results, regardless of outcome. Members receive the first hour free.

Delivery Preferences

- **Preferred Format:** Digital Printed Both
 - **Deadline (if any):** _____
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Authorization

I certify that the information provided is accurate and that I understand the scope, limitations, and cost of the requested research.

- **Signature:** _____
 - **Date:** _____
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Office Use Only

- **Date Received:** _____
 - **Staff Assigned:** _____
 - **Estimated Hours:** _____
 - **Notes:**
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