

**TOWN OF RICHMOND, NH
ARCHIVAL MATERIAL REQUEST FORM**

Requestor's Name: _____

Date: _____

Researcher's Name: _____

Researcher's Mailing Address: _____

Phone Number: _____

E-mail: _____

Purpose of Request: _____

Boxes Requested:

1. RIC-	4. RIC-	7. RIC-	10. RIC-
2. RIC-	5. RIC-	8. RIC-	11. RIC-
3. RIC-	6. RIC-	9. RIC-	12. RIC-

**Retrieval Cost: \$5.50 per box payable to the
Richmond Public Library at the time of the request
(except for Town of Richmond elected officials or paid staff).**

Number of Boxes: _____

x \$5.50=

\$ _____

RPL Trustee Authorized Signature: _____

Date: _____