

**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.**

Number of Boxes: _____

x \$5.50=

\$ _____

RPL Trustee Authorized Signature: _____

Date: _____