



GENEALOGICAL RESEARCH REQUEST

The Saratoga County Historical Society assists genealogical researchers by providing a research service to patrons. Research is conducted by an experienced genealogist who, depending on the amount of time authorized, uses not only Brookside's holdings but also those of other organizations in the county.

Due to the volume of requests received and the limited finances of our organization, Brookside charges for all genealogical research.

Fees:

\$20.00 (\$15.00 members) for the first hour

\$15.00 for each additional hour (sorry, no member discount for additional hours)

\$.25 cents per page for copies made outside of Brookside Museum

Shipping and tax charges (as applicable) will apply

A minimum of two hours research is due with this form. This deposit is non-refundable. Any additional hours you authorize, as well as photocopy and shipping costs, will be billed to you upon completion of the research. When authorizing hours, please remember they include time to compile and prepare information as well as actual research time. If we find the information in less time than you authorize, you will be billed **ONLY** for time spent. Since shipping charges depend upon the size of the package we mail to you, we ask you to authorize \$10 for shipping. Once we determine the shipping cost, we will charge you that exact amount.

To contract for our research services, please fill out the form below and return with your payment. If you have additional information on your research topic, please include it on a separate sheet. The more information we have to begin with, the greater the chance we can find the information you are seeking. Please allow four to six weeks for delivery.

Name _____

Address _____

City, State, Zip _____

E-mail _____ Phone _____

Research Subject _____

Please initial next to each statement and indicate any additional services you are contracting for.

_____ I have enclosed \$35.00 (\$30.00 for members) to secure genealogy research services from Brookside Museum.

_____ I authorize Brookside Museum to conduct genealogical research on my behalf for an additional

_____ hours at \$15.00 per hour.

_____ I authorize \$_____ for photocopies.

_____ I authorize \$10 for shipping.

_____ I understand that I will be billed for any additional hours and photocopies upon completion of research.

\$_____ Total Amount Submitted

Please make checks payable to Brookside Museum.

Visa/MasterCard # _____ Expiration Date _____

Name as it appears on card _____

Signature _____

Date _____

Office Use Only	_____ Received Date
	_____ Processed Date
	_____ Shipped Date
	_____ (staff signature & date)