

CITY OF BELMONT BELMONT MUSEUM RESEARCH REQUEST

Requestor's details:

Name: _____
Address: _____
Phone: _____ Mobile: _____
Email: _____
Date information required by: _____

Request: (Please be specific and clear to help with your request)

Reason for request:

Personal use Commercial Study Other

Briefly describe reason for research request:

Staff use only:

Date of request: _____ Taken By: _____
Date of completion: _____ Estimated time taken: _____
Research done by: _____

Researcher to attach a copy of this form to the research notes.

Please complete and return to:

Specialist Library and Museum Hub - Curator
Telephone: (08) 9477 7450 Email - libraryandmuseum@belmont.wa.gov.au
Belmont Museum: 213 Wright Street, Cloverdale, WA 6105
Postal address: Locked Bag 379, Cloverdale WA 6985

Museum – 09/10/20

