Genealogy and Local History Research Request

Name:_____

Phone Number:_____

Email Address:_____

Library Card Number (if member):_____

I accept that my research request may take time to fill. I understand that Allegan District Library has one part-time local history staff member and that requests are only filled during their work hours. I understand that requests are filled on a first-come first-served basis and will be completed as time permits.

☐ I accept and understand.

Please enter your specific research question below. Add a second page if needed.

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Please return form to the Circulation Desk or email to memberservices@alleganlibrary.org.