



## *Lemont Area Historical Society* RESEARCH REGISTRATION FORM

Members wishing to use the LAHS Library in person, please fill out and bring this form with you.

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Identification Used: \_\_\_\_\_

*Photo ID (Drivers License) required, attach copy*

Extent of research time \_\_\_\_\_

**SPECIFIC SUBJECT OF YOUR RESEARCH:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MATERIALS TO BE USED:** (check those that apply)

Photo Archives  Books  Microfilm  Oral Histories  Misc.Records

(Other) \_\_\_\_\_

**PURPOSE:** (circle those that apply)

Article  Book  College Paper  High School Paper  Genealogy

PHD Dissertation  MA Thesis  Film/Radio/TV)

(Other) \_\_\_\_\_

I HAVE RECEIVED, READ AND WILL COMPLY WITH ALL OF LEMONT AREA HISTORICAL SOCIETY RULES,  
REGULATIONS AND PROCEDURES.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

FOR OFFICE USE ONLY:

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_