Research Request

Calaveras County Archives

Date of Request:_____

Name _____Phone _____

Address _____Email _____

City _____ State _____ Zip Code _____

Subject of Research (including relevant names and dates if known):

_____
_____
_____
_____
_____
_____
_____

Agreement: It is my understanding that: 1) The charges for the above research are $10.00 per hour with a $10 minimum charge 2) The Calaveras County Archivist will bill me in the Amount Due as indicated below, and I will submit payment for said amount by check or money order.

Signature: _____

I WISH TO LIMIT THE AMOUNT CHARGED FOR RESEARCH TO $ _____

Records Used (Archivist Use Only)

____Deeds	____Newspapers	
____Mining Claims	____Vital Statistics	____Criminal Cases
____Property Tax	____Great Register	____Divorces
____Mortgages	____Probate	____Civil Case
____Patents	____Naturalizations	____Coroner's Inquest
____Homesteads	____Census	____Superior Court
____Land Claims		

Researched by: _____ Date Completed_____

Hours Researched _____ **# of Copies _____**

Charges:

Hours @ $10.00/hr	_____
Copies @ $0.50/copy	+_____
Postage/Handling	+_____
Deposit	- _____
Total Due	_____

Promptly remit payment to:

Calaveras County Archives
891 Mountain Ranch Rd.
San Andreas, CA 95249
attn: Shannon Van Zant