

**Museum of the Shenandoah Valley**  
**Collections Department**  
Research Request  
901 Amherst Street Winchester, VA 22601

Date Received: \_\_\_\_\_

Staff Person: \_\_\_\_\_ Staff Phone Ext: \_\_\_\_\_

**REQUESTOR IDENTIFICATION:**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

**RESEARCH REQUEST REGARDING (Please check appropriate box )**

Photographs

Archives

Genealogy

Artifacts

Exhibits

**Additional Details Regarding the Request:**

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