



NAME OF REQUESTER: \_\_\_\_\_ DATE: \_\_\_\_\_

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

Phone(s): \_\_\_\_\_

PURPOSE OF REQUEST: \_\_\_\_\_

HOLTERMANN PHOTOS/ITEMS RELATED TO REQUEST:

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**What I know** *(provide any names, alternate spellings, dates, places that can help with the search):*

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**I would like to know:**

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**ACKNOWLEDGEMENT**

1. I have been informed of the fee structure related to research requests and agree to pay the required fee to the researcher before receiving the requested information.
2. I acknowledge that any research that I receive from the Gulgong Holtermann Museum Research Team will also be made available to the public via the Gulgong Holtermann Museum Web Page.

Signed \_\_\_\_\_ Dated \_\_\_\_\_