



Research Request Form
PO Box 950374
Oklahoma City, OK 73195-0374

CONTACT INFORMATION

Date: _____

PLEASE TYPE OF PRINT

Name _____

Address _____

Phone _____ Email _____

Research Requested

Please ask short specific questions. Include as much detail as possible and let us know what you already have so we don't duplicate what you have already researched. Continue on the back of the form if necessary.

Amount Enclosed	\$ _____
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Please enclose a check for \$20.00.
Make Payable to: **99s Museum of Women Pilots**
Do not send cash or blank checks through the mail.

99s Museum of Women Pilots Use Only

Date Received: _____

Date Completed: _____

Comments: _____

Research Hrs. _____ @ \$20 flat fee _____
 No. of Copies _____ @ \$0.15 each _____
 S & H _____
 Total _____
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 Amount Due _____

Date Mailed _____
 Research File No. _____
 Staff Name _____

Please return this form and make checks payable to:
99s Museum of Women Pilots