BLACKHAWK MUSEUM

3700 Blackhawk Plaza Circle
Danville, CA 94506
FAX: (925)736-4818

RESEARCH REQUEST

INFORMATION

Name & Complete Address: Date: _____

_____

_____

_____

Telephone Number: _____ Fax Number: _____

E-mail/Website: _____

Automotive Research is requested for the following:

Year/Make/Model:

Body Style/Coachbuilder: _____

Serial#: _____ Motor#: _____

Cylinders: _____ H.P.: _____ Displacement: _____ Wheelbase: _____

Specific Information desired:

_____

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FEES

Research Fees: $25 per hour ***Copy Fees:*** 25¢/black & white page

Note: Specific permission must be obtained from *The Blackhawk Museum* before any photograph(s) of document(s) is published or reproduced in any form

PAYMENT

Debit Card/Credit Card Payment: Mastercard Visa Discover AMEX

Card #: _____ ***Expiration Date:*** _____

Name *(as it appears on the Card face):* _____ ***'Other' Payment:*** _____

I fully understand the fees and conditions:

Signature: _____

For Mail/Phone/Fax Inquiries: An approximated 'Researching Fee' (as an estimate - only) can be provided on request