## RESEARCH REQUEST POLICY

Fees are nonrefundable regardless of research results.

## **MEMBERS**

First hour free, includes up to 20 "free copies". Additional research will be charged by the hour at the rate of \$25.00 per hour. Additional copies will be made at the rate charged by the institution where they are obtained. Researcher will contact member with the results found during the first hour, so that the member can decide how much additional research they desire. Payment must be made before the research is done and emailed or mailed to the member.

## **NONMEMBERS**

A fee of \$40.00 prepaid for the first hour which will include 10 "free" copies. The results will be emailed or mailed to the nonmember. If the nonmember desires more research, they can contact SCPGS with a request for more research with the understanding that payment will be prepaid for additional hours. Additional copies will be made at the rate charged by the institution where they are obtained and must be paid before copies are emailed or mailed to the nonmember.

#### PHOTOCOPY SERVICE

Requester must provide complete citation of desired record, article, book, etc. which must be in the Library at the York History Center. Copies will be billed at rate of \$.50 per page and must be prepaid. No more than 25 pages can be copied from a copyrighted publication.

# SOUTH CENTRAL PENNSYLVANIA GENEALOGICAL SOCIETY

# **RESEARCH REQUEST FORM**

# **Patron Information** Mailing Address\_\_\_\_\_ City\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_ Telephone\_\_\_\_\_Email(please be legible)\_\_\_\_\_ Preferred method of contact: Mail\_\_\_\_\_Phone\_\_\_\_Email\_\_\_\_ SCPGS Member\_\_\_\_\_Nonmember\_\_\_\_ Payment enclose (if by mail) Pay Pal Payment Please complete this form. Form and payment can be mailed to SCPGS (P.O. Box 1824, York, PA 17405). Form can be emailed to SCPAGenSociety@gmail. Use "Research Request" in Subject line. Payment can be made through paypal.com Please use one form per request. The research fee is not refundable if no information is found. RESEARCH INFORMATION Name of individual to be searched (one name, alternate spellings per search) Birth date and location Death date and location Name of spouse(s) and dates\_\_\_\_\_ Names of children and dates\_\_\_\_\_ What is your expected outcome of search (please be as specific as possible)?

Please attach copies of additional information (family group sheets) that could be useful to the researcher.