

Local History and Genealogy Appointment Request Form

Last Name:		
First Name:		
Phone Number:		□ Phone
Would you like to receive our library newsletter via (Includes MPL Local History and Genealogy works)		□ Yes □ No ogramming.)
Choose preference of time slots for appointments: (Check all that apply.)	:	List 3 specific 60-minute <u>calendar</u> dates and times that you are available for an appointment.
□ Any Monday from 3:00pm-6:30pm	1	
☐ Any Tuesday from 11:00am -7:00pm	2	
□ Any Friday from 11:00am - 1:30pm	3	
What kind of research assistance do you need? FULL (I <u>definitely</u> need help.) PARTIAL (I <u>may</u> need some help here and there.) NONE (I just need access to the resources.)		
What is your research goal for this appointment? _		
Where have you already looked for this informatio	n?	
name of the individual(s), date of birth (if know	n), and date	ppointment (if known). For an obituary, please provide the e of death. For property research, please provide the ful