

Research File No. _____



Santa Ana History Room

Research Request Form

26 Civic Center Drive M-75

Santa Ana, CA 92702

714-647-5280

CONTACT INFORMATION

PLEASE TYPE OR PRINT

Your
Name

Your
Address

Date: _____

Phone: _____

Email: _____

Research Requested

Please ask short specific questions. Include as much detail as possible. Use additional pages if needed. Please note we only research **1 item per request (i.e. one person, one address, etc.)**. Each research request equals a **\$32.00 flat fee**. Each **additional hour is \$17.00 fee**. **Additional requests require additional forms.**

Amount
Enclosed

\$

Please enclose a check for \$32.00.

Make Payable to: **City of Santa Ana** Do not send cash or blank checks through the mail. We would also like to inform that regardless on the findings/outcomes the fee is non-refundable

Santa Ana History Room Use Only

Date Received: _____

Date Completed: _____

Comments:

Research
Hours
of
Copies

@ \$32/flat fee

@ \$17/ hour

Postage & Handling

Total

Less Prepaid

Amount Due

Date Mailed

Research File No.

Staff Name
