

**Denver Firefighters Museum
Research Request Form**

Please complete this form and either mail or fax it to the Museum. The completed form with a signature and deposit are required to initiate research.

NAME _____ PHONE _____

COMPANY _____

ADDRESS _____

CITY, STATE, ZIP _____

Discover/MC/ Visa/ # _____

EXPIRATION DATE _____

MAXIMUM AMOUNT TO BE SPENT _____

RESEARCH REQUEST

Note: Your signature on this document affirms that you will use any/all photocopies from the Collection for research purposes only: not to be transcribed or reproduced without written permission from the owner of the rights to the materials.

Signature _____ Date _____

RETURN FORM WITH DEPOSIT TO:

Denver Firefighters Museum
1326 Tremont Place
Denver, Colorado 80204
Fax: 303-93-4835