

Elk Grove Historical Museum  
399 Biesterfield Rd.  
Elk Grove Village IL, 60007



### *Research Request Form*

The person listed below is requesting research or access to The Elk Grove Historical Museum Collection.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date research would like to be received by: \*Turn around time is currently at 2-4 weeks\*

Date/Time frame \_\_\_\_\_

Access to the following Collection(s): (check all that apply)

\_\_\_\_Museum \_\_\_\_Reference Collection \_\_\_\_Photograph Collection \_\_\_\_Education Collection

Access is being requested for the following reason(s):

\_\_\_\_Academic research Institution Name: \_\_\_\_\_

Please describe your project/interest/reason for  
researching the Collection(s)

\_\_\_\_Personal research \_\_\_\_Other (specify below)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please submit the completed form to Emmet Burke at [eburke@elkgrovetparks.org](mailto:eburke@elkgrovetparks.org) once it has been filled out.*