



Antique Boat Museum
750 Mary Street
Clayton, NY 13624
ph. 315.686.4104 fax 315.686.2775

RESEARCH REQUEST

Researcher Contact Information

Name _____ Phone () _____
Address _____
E-mail _____

Services and Fees

To submit a research request, complete this form and fax or mail it to the Museum at the address above, attn: John Summers, Chief Curator. Staff will begin to work on the request upon receipt, and will contact you as soon as the material has been located to review your options for receiving the information. Payment must be received before the material will be shipped. Museum members receive a discount on research services--please see fee schedule on the reverse. Please note that these fees apply whether you submit a research request by mail or in person. Proceeds received from research fees help defray the costs associated with maintaining the Museum's archival and library collections.

Research Request

Please outline your request in as much detail as possible. For a boat, give details such as year/marque/model/length/beam/material. For a motor, please give details such as maker/year/horsepower/# of cylinders. Please continue on the back if necessary.

Fee Schedule (staff use only)

Member Fee _____ at \$5 = \$ _____
 Non-Member Fee _____ at \$10 = \$ _____

Copying

letter-size photocopying _____ at \$1/page = \$ _____
 legal-size photocopying _____ at \$1.50/page = \$ _____
 tabloid-size photocopying _____ at \$2/page = \$ _____
 Scanning _____ at \$1/page = \$ _____
 Digital photography _____ at \$1/image = \$ _____

Output

on letter-size photo paper _____ at \$5/page = \$ _____
 on legal-size photo paper _____ at \$7.50/page = \$ _____
 on tabloid-size photo paper _____ at \$10/page = \$ _____
 larger than 11" x 17" _____ call for quotation
 on CD _____ at \$10/disk = \$ _____

Postage and Handling

1 to 10 pages _____ at \$2.50 = \$ _____
 11 to 25 pages _____ at \$5 = \$ _____
 26+ pages _____ at \$10 = \$ _____
 CD _____ at \$5 = \$ _____

NY State residents add 7.25% tax \$ _____

TOTAL \$ _____

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Completed by _____ Payment received _____ Information Sent _____