

\*\*\*STAFF ONLY\*\*\*

RECEIVED BY: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_  
REFERRED TO: \_\_\_\_\_ COMPLETED DATE: \_\_\_\_\_



**REMIT ALL REQUESTS TO:**

South Georgia Archives  
Thronateeska Heritage Foundation, Inc.  
100 W Roosevelt Ave, Albany, GA 31701  
O: 229-432-6955 | F: 229-435-1572  
museum@heritagecenter.org  
www.heritagecenter.org

**RESEARCH REQUEST**

**\*ALL RESEARCH REQUESTS WILL BE ADDRESSED WITHIN 30 BUSINESS DAYS\***

Your Name:

Today's Date:

Contact Telephone:

Contact Email:

Request/Question (please be as specific as possible; names, dates, etc.):

Any other important information that may be necessary to complete request:

Is there a legal or other professional deadline on this request?