

Research Request Form

Internal Use Only

Request received by:	Date Received:	COMPLETED?: Y N
Request assigned to:	Date Assigned:	
Request completed by:	Date Completed:	
Fee Charged:	Time Required to Complete Task:	

PLEASE COMPLETE—Contact Information

Name:	Phone:
Address:	Cell Phone: (Please circle preferred phone #)
ACWM Member #:	Email:
If you would like to be added to our mailing list to learn about our events, please check here <input type="checkbox"/>	

PLEASE COMPLETE—Nature of the Request

Identify clock or watch Maker, if known _____
 Restoration/Repair Info _____
 Other _____
 Serial #, if known _____

Description (use back for more info):

PLEASE COMPLETE—Additional Information

How did you hear about the American Clock & Watch Museum?

World of Mouth
 ACWM Member
 NAWCC
 Drive by/Signage
 ACWM Email
 Past Visitor

Media
 Radio _____
 TV _____
 Newspaper _____

Internet/Website
 Google Search
 Yahoo Search
 Facebook
 Other _____

Off-Site Event
 Trade Show
 NAWCC Chapter Meeting
 Local festival/event _____

Other _____

Internal Use Only—Information Provided