

**THE MONTAUK LIBRARY ARCHIVE COLLECTION  
RESEARCH VISIT FORM**

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

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

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Institutional Affiliation (optional): \_\_\_\_\_

Research Topic/Interests: \_\_\_\_\_

Requested Materials (Please include the library catalog call no. if available):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Materials Requested:

If you were unable to locate materials using the library catalog, digital collections, or guide to the collection, please indicate additional topics, formats, and dates, and the Archivist will assist you in your search

\_\_\_\_\_  
\_\_\_\_\_

Intended use of materials:

\_\_\_\_\_  
\_\_\_\_\_

Preferred appointment date: \_\_\_\_\_ Additional dates available: \_\_\_\_\_

Deadline for materials: \_\_\_\_\_

By signing below, I hereby acknowledge that I have completely read and fully understand the ***Montauk Library Archive Collection Access and Use Policy***.

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

Please submit this form at least one week from the preferred research appointment. Fill out this form online or email the completed form to [archives@montauklibrary.org](mailto:archives@montauklibrary.org)