



Archive Research Request Form

Researcher Name: _____

Contact information (email and/or phone number):

Date of submission: _____

Purpose(s) of use:

Research or private study

Exhibit

Publication (printed matter, electronic)

Broadcast (radio, television, film)

Research question(s):

Date range related to research request:

Names of specific person(s) if applicable:

Geographic locations if applicable:

Please send forms to archives@vancouverpolicemuseum.ca. Please allow approximately 1-2 weeks for our Archivist to respond.