To request a lookup of items included in our Library Catalog, please print this form, complete it and mail with your check or money order to:

Topeka Genealogical Society  
Attention: Research  
PO Box 4048  
Topeka, KS 66604-0048

Name: _______________________________________________________________________
Address: _____________________________________________________________________
City: ________________________ State ____________ Zip __________
Phone: _______________________________________________________________________
Email: _______________________________________________________________________

List the items from the Library Catalog that you would like to have checked:

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<th>Call Number</th>
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Describe below what you want us to look for. Include surnames, given names, approximate date, places - anything that will help us to find what you are looking for. Is it a marriage, death date, burial location? The names of parent or siblings? A general search for information about the family?
Library Lookup Agreement

Research Policy:
A $18 minimum pre-payment is required prior to begin research and is non-refundable.

Fees:
$ 18 per hour
$.25 per page for copies
Reimbursement for travel expenses outside of Shawnee County, KS
Postage fees exceeding the cost of a First Class letter
Research fees for time spent are non-refundable

Topeka Genealogical Society Policies:
Please allow six weeks for completion of requests.
Copyright protection laws are observed. No more than 20% of any publication will be copied.

Complete and sign this section:
I enclose my check for $18 for one hour’s research. If more information is available than one hour of research covers, I will be billed the additional costs at $18 per hour, up to a limit of ______________(please specify) hours. The initial $18 research time includes time spent making copies and writing reports about my request, as well as copies and postage for up to 10 pages. Additional copies will be billed to me at $.25 per page and additional postage in accordance with US Postal Service rates. I understand and accept all of the above.

Signed _______________________________ Date ___________________

Mail form with minimum $18 prepayment to:
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PO Box 4048
Topeka, KS 66604