

Researcher Registration Form

Name: _____ Registration Number: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Fees for out of county researchers are as follows:

- Daily Fee - \$5.00
- Annual Fee - \$30.00

By signing this form, the researcher acknowledges that he or she has read and understood the **Rules for the Use of Stratford-Perth Archives Collections** which were supplied with this form and agrees to adhere to those conditions.

Researcher Signature

Date

Personal information contained on this form is collected pursuant to the Municipal Freedom of Information & Protection of Personal Privacy Act for the purpose of responding to your request and to maintain a record of researchers who visited the facility. Questions about this collection should be directed to the Archivist of the Stratford-Perth Archives at the address above or by calling 519-271-0531 Ext. 250.