



The Charles M. Schulz Museum & Research Center  
Research Request Form

2301 Hardies Lane Santa Rosa, CA 95403  
Phone: (707) 579-4452 ~ Fax: (707) 579-4436  
www.SchulzMuseum.org

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Institution / Business / Profession: \_\_\_\_\_

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

Country: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Schulz Museum  
Membership # : \_\_\_\_\_

(If Applicable. This number can be location on your Membership Card)

**TOPIC OF RESEARCH / INFORMATION / SERVICE REQUESTED:**

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

**INTENDED USE OF RESEARCH / INFORMATION / SERVICE:**

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