



ARCHIVIO STORICO

RESEARCHER REQUEST FORM TO CONSULT ARCHIVE DOCUMENTS

PERSONAL DETAILS

Last name _____

First name _____

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Town _____

Phone _____

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Profession _____

RESEARCH TOPIC

Please provide a detailed description of your research _____

Research to be used for: _____

Time period under research _____

Suggested "keywords" to assist initial search

This form should be completed and sent to the TIM Historical Archive by email:

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Archive staff will perform a search and get in touch with the results as quickly as possible.