Request for Artifact/Document Review

Name: _____

Address: _____

E-Mail: _____

Phone Number: _____ Date: _____

Nature of Research: _____

_____

_____

_____

Items for Review: _____

_____

_____

_____

Appointment Date and Time: ____/_____/_____ _____:_____

Appointments are required for review of artifacts and documents.
Artifacts and documents will be retrieved and returned from the collection by a DUSI staff member.
Artifacts and documents will be reviewed under the supervision of DUSI staff.
DUSI policy states that no ink pens are to be used near artifacts or documents.
White cotton gloves are to be worn at all times when reviewing artifacts.

I understand the above requirements and agree to comply with DUSI policy.

_____ _____

Signature of Patron **Date**

_____ _____

Staff Signature **Date**

Rev. 01/2014

200 Railroad Street - P.O. Box 106 - Durand, Michigan 48429
Phone: (989) 288-3561 Fax: (989) 288-3494 - www.durandstation.org