

AQUISITIONS FORM

Plant City Photo Archives 106 S Evers St., Plant City, FL 33563

This is to acknowledge re-	ceipt of the items listed below by Plant City I	Photo Archives from:
Name:		
Address:	City/State:	ZIP:
Phone:	Email:	
The items listed below are (please check one):	e left in the custody of Plant City Photo Arch	ives to be considered as
An unconditional do the donated mater	onation. The PCPA reserves the right to keep, le ial.	nd, or otherwise dispose o
To be considered for Other. Pease speci	or acquisition*. fy:	
Disposition if not accepte	d for accession (please check one):	
	within 30 days of notification	
Please dispose or o	destroy	
May be sold to ben	efit the Plant City Photo Archives & History Cen	ter
Items and description (attac	h another sheet if necessary)	
	PAGE FOR A QUESTIONNAIRE REGARDING PERTING PERTING PERTING PERTING PERTING PAGE (S).	NENT OBJECT HISTORY THAT
Archives, Inc. PCPA shall object(s). Copyright is transarticles to the museum with and policies of the archives terms of my donation, and I of	egal and rightful owner of the object(s) offered for d hereafter have and retain exclusive and absolute sferred to PCPA and moral rights to the object(s) are nout reservation, to be used for public benefit in acco without further reference to me. I have read the agreed declare that the information given on this form is true to the provided may be used for public and presentation	physical ownership of the re waived. I am offering the cordance with the programs eement and understand the to the best of my knowledge.
Donor Signature		Date
PCPA Authorized Personne		Date

*Acceptance of the donation into the archive's collection is dependent upon review and meeting the acquisition criteria as outlined in the Archive's Collections Management Policy. All attempts will be made to notify donors of acceptance or rejection within 60 days of the offer of donation. Any objects not claimed within 60 days of notification of rejection may be disposed of at the discretion of the Archives.

QUESTIONS FOR POTENTIAL DONORS

1. How did you discover or obtain the object(s)?
2. Are you the original owner or maker of the object(s)?
3. What is the object's connection to Plant City or the Hillsborough County area?
4. Please provide any known biographical details, background, information, or stories associated with the object(s).
Staff use only:
Object(s) ready for pick-up, owner notified (date):
Object(s) accessioned into collection: (accession number)
Object(s) returned to owner: (date)
Notes: