

ATTACHMENT 29: REQUEST FOR ACCESS TO COLLECTIONS

Leon Valley Public Library Request for Access to the Local Archives

Name(s): _____ Date: _____

Organization/Institution & Title(s): _____

Address: _____
Street City State Zip Code

Phone: _____ Email: _____

Materials Requested: _____

Subject/Purpose of Research: _____

I have read the rules for Use of Local History & Archives Collection Materials and I agree to abide by the rules set forth.

Signature(s): _____ Date: _____

Internal Use Only:	Time In: _____	Time Out: _____	Total Time: _____
Books Used:	_____		
Files Used:	_____		
#Copies Made:	Comments: _____		

Staff Initials _____			