

COLLECTIONS ACCESS REQUEST FORM

Chester County Historical Society, West Chester, PA 19380

Name _____ Date _____

Address _____

Telephone _____ Fax _____ e-mail _____

Institutional Affiliation _____ Title _____

Check one: Individual research group (number of visitors _____)

Other _____

Professional references/project supervisor _____

Describe the materials/objects you wish to see. Be as specific as possible.

Do you wish to:

- consult catalogs/indexes
- photograph objects
- draw objects
- study objects/material
- other _____

Dates you wish to visit:

Is study of material/objects for:

- personal publication or paper
- identification or comparison
- general interest
- independent research
- potential exhibition/loan
- class project
- other _____

Time of arrival:

Estimated length of visit:

commercial use (Separate application with restrictions and fees apply.)

I understand that any measurements, photographs, or descriptions resulting from my examination of the objects listed above is for study/research purposes only. Any reproduction of this item is for personal use only and not to be sold, displayed, or given to another party for any reason. The hourly access fee for the museum collection is \$25 per hour for non-members and \$15 per hour for Chester County Historical Society members.

In consideration for Chester County Historical Society (CCHS) giving me access to a part of the Society's collection not ordinarily available to the general public, I agree, on my own behalf and/or on behalf of any institution which I may represent, that with respect to any object to which I might come into contact I will exercise all due care in handling. I will assume full and complete liability for the loss of any artifact or for any damage caused to any artifact, whether resulting from my negligence or otherwise, as a result of the access being granted to me by the CCHS. I agree, on my behalf and on behalf of the institution that I represent, if any, to indemnify and make whole the CCHS for any loss or damage resulting from my exercise of the access granted herein. I certify that I am authorized by any institution that I may represent to execute this agreement on its behalf.

Signature _____ Date _____

For CCHS use:

Request approved _____ denied _____ Visit occurred (date) _____ time _____

Staff approval _____ Title _____ Staff assisted _____