

Kent Historical Society Museum
855 E. Smith St.
Kent WA 98030
253-854-4330

Temporary Custody Receipt

Date Received _____

The object(s) described below have been deposited with the Kent Historical Museum subject to the conditions printed on the back of this receipt.

Name (Potential Donor) _____
Address _____ Zip _____
Telephone _____
Email _____

Depositor's Name (if other than Potential Donor) _____
Telephone _____
Email _____

Submitted for Examination for: Gift _____ Other (staff use) _____

Special Instructions: If these items are Not accepted into the collections:

I Wish to have the unwanted items returned to me. ____

I Do Not wish to have unwanted items returned to me. ____

I allow the Museum to use, sell, or dispose of any/all items.

Sign here _____

I want an itemized list of unwanted items (disposition form). ____

I Do Not want an itemized list of unwanted items. ____

Object(s) Description and History (Use extra pages, if needed.)

The Kent Historical Museum hereby acknowledges receipt of the above object(s).

Museum signed _____ Date _____

Depositor: Please read the paper attached to this temporary receipt and sign as agree to conditions.

Signed _____ Date _____

For Museum Use Only:

The object(s) above, deposited with the Kent Historical Museum have been:

Accepted as gift: _____ Other _____

Returned to Depositor: _____ Date _____

Depositor's Signature upon return: _____

Accession # _____ Donor # _____