

Temporary Custody Receipt

HSDV Museum P.O.Box 485 Dayton NV 89403

This is to acknowledge receipt of the items listed below by the HSDV Museum from:

Name: _____		Date: _____	
Address: _____			
City: _____	State: _____	Zip: _____	
Work# _____	Home#: _____	Fax#: _____	Cell#: _____
Website: _____		Email: _____	

The items listed below are left in the custody of the HSDV Museum to be considered as:

An unconditional donation. The Museum reserves the right to keep, lend, or otherwise dispose of the donated material.

To be considered for acquisition.

For identification. Does not constitute an authentication; will not include appraisals. The Museum reserves the right to photograph.

For Other. Please Specify. _____

Disposition if not accepted for accession:

Source will pick up Please dispose of or destroy May be sold to benefit HSDV Museum

Items and Description

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Received by:

(Signature)

(Date)

Interim Location:

Received From:

(Signature)

(Date)