



Gallery Material Acquisition Form

Acquired by Cochrane Public Library

Donated by: (please print) _____

On Behalf Of (if applicable): _____

Address of Donor: _____

Telephone Number(s): _____

I am/we are donating the item(s) listed below with the understanding they will become part of the Library Gallery Collection under the care and control of the Cochrane Public Library Board.

I/we understand that by signing this form, I am transferring ownership and, if applicable, Copyright of the item(s), to the Board.

It is understood, and agreed, that the Cochrane Public Library Board will maintain the item(s) in accordance with the Archives and Recordkeeping Act of Ontario, the Freedom of Information & Protection of Privacy Act of Ontario, the Policies & Procedures of the Board as well as all other applicable laws and regulations.

If the item(s) does not meet archive requirements and cannot be used by the library do you wish to: (a) _____ Have item(s) returned to you / your family / organization.

(b) _____ Permit Board to find an appropriate home for the item(s).

Donor(s) Signature of: _____

Date: _____

DESCRIPTION OF ITEM(S):

May be continued on the back

Accepted by (Staff's Name): _____

Staff's Signature: _____

Office Use Only

Item sent to Archives: Yes No

Accession Number: _____

CEO signature : _____

Date: _____