



# PUTNAM COUNTY MUSEUM

*Bridging Generations • Connecting Communities • Preserving Past*

## TEMPORARY CUSTODY RECEIPT

Name:	_____	Date:	_____
Address:	_____ _____		
Phone:	_____	Email:	_____

**I OWN THE PERSONAL PROPERTY DESCRIBED BELOW AND LEAVE IT IN THE MUSEUM'S CARE 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.
- To scan or photograph to be added to the Museum's Archives/Library.
- For other. Please specify: \_\_\_\_\_

**DISPOSITION IF NOT ACCEPTED FOR ACCESSION:**

- Patron will pick up by \_\_\_\_\_ (date). Items not picked up within 30 days of this date will become property of the Museum.
- May be used in education or exhibit programs, transferred to another nonprofit institution or otherwise disposed of

**LIST OF ITEMS** (attach separate sheet(s) for additional items):

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## **CONDITIONS GOVERNING TEMPORARY DEPOSITS AT THE PUTNAM COUNTY MUSEUM, INC.**

1. If the items described on the face of this receipt are accepted for donation to the Putnam County Museum, Inc., the depositor will be notified in writing and a Deed of Gift form will be sent for your signature. This signature will transfer the ownership of the said items to the Putnam County Museum, Inc.
2. Should the depositor fail to reclaim unaccepted items within thirty (30) days of notification, the items shall be deemed an unrestricted gift and they become the property of the Museum and may be transferred to another institution, sold or discarded.
3. The Putnam County Museum, Inc. will exercise reasonable care with regard to items on temporary deposit. The depositor hereby releases the Museum from all liability with respect to any loss or damage to the items referred to on the face of this receipt while said items are in the Museum's possession or in transit and agrees that the Museum is not required to cover such items with insurance.
4. Should ownership of the items change while the deposit is pending, whether by reason of death, sale, insolvency, gift, or otherwise, the new owner shall be required to establish the legal right to receive the items prior to their return by proof satisfactory to the Museum.

*By my signature below, I accept the forgoing conditions and acknowledge reading the conditions governing temporary deposits at the Putnam County Museum.*

<b>RECEIPT</b>	
This gift is given in honor or in memory of (optional): _____	
<b>Date:</b> _____	<b>Donor Signature(s):</b> _____
Date Received: _____	Received by: _____
<b>ACCEPTANCE</b>	
Date Accepted: _____	Accepted by (signature): _____ (title): _____

<b>TEMPORARY CUSTODY NUMBER</b>	_____
<b>HISTORY / PROVENANCE REPORT</b>	Date Received _____
<b>DEED OF GIFT:</b>	Date Mailed _____ Date Returned _____

REVISED NOVEMBER 2015