



## ARCHIVAL ACQUISITION INFORMATION RECORD

Complete this form, in as much detail and as accurately as possible, and return it to the address listed below. Please print legibly or type all responses. Attach additional sheets if necessary.

Type of records/documents: \_\_\_\_\_

Date(s) or period of origin: \_\_\_\_\_

Geographic place of origin: \_\_\_\_\_

Creator/collector of the records: \_\_\_\_\_

Last person to have collection in their possession: \_\_\_\_\_

When: \_\_\_\_\_ Where: \_\_\_\_\_

Relationship of donor to original owner/user: \_\_\_\_\_

Manner in which donor acquired collection, including date acquired: \_\_\_\_\_

Does the collection include any digital records (floppy disc, CD, DVD, etc): \_\_\_\_\_

If so, what hardware/software was used to create the files: \_\_\_\_\_

Any known copyright issues: \_\_\_\_\_

Does the collection have any mold/insect/vermin/water damage: \_\_\_\_\_

Overall size/amount of collection (count, boxes, case files, etc.): \_\_\_\_\_

History of the materials (why was it created, who used it, when was it in use, where was it used, how was it used) and any other pertinent information about the collection that would assist the Center in its review process.

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**Donor's Name** \_\_\_\_\_

**Donor's Signature** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work/Cell Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

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Please attach any photographs (or CD/DVD for digital images) that would indicate the size of the collection, how it is currently stored, and representative samples of the types of records in the collection. For instructions on how to send the images via email, please contact the Center at (916) 808-7072.

Return completed applications to: **Center for Sacramento History**  
**ATTN: Collections Committee**  
**551 Sequoia Pacific Blvd**  
**Sacramento, CA 95811**

CSH staff will acknowledge receipt of this form and may contact you if additional information is required. Thank you for considering the Center for Sacramento History.

*OFFICE USE ONLY*  
*Date Received:*  
*Date of Collections Committee review:*  
*Staff Member:*  
*Accept / Reject:*