

BISHOP'S CASTLE HERITAGE RESOURCE CENTRE, OBJECT ACCESS FORM

Bishop's Castle Heritage Resource Centre, Chapel Yard, Bishop's Castle SY9 5DE		Form No: 0001
Object/s to which access is required:	Object Entry Form Number/s:	
	Deposit Agreement Number/s:	

Name of person requiring access:

Organisation (if any):

Address:

Tel No: Email:

Reason for access:

Date of access:

Notes:

Agreed date of return of object (please put today's date for items that are to be accessed at BCHRC and immediately returned to the store):

Signature of person accessing object/s:

Signature of BCHRC representative:

PLEASE PRINT NAME:

FOR BCHRC USE	INITIALS	DATE	NOTES
Agreed level of access has been checked (please initial and date). Can be marked N/A if owner is accessing items.			

Return of Objects to Store:

I acknowledge the access period for the objects above has finished and the objects are in a satisfactory condition and able to be returned to the store:

Signed: Date:

PLEASE PRINT NAME: