



Archives Donation

Name of Donor (please print): _____

On Behalf Of (if applicable): _____

Address of Donor: _____

Telephone Number(s): _____

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

I understand that by signing this form, I am transferring ownership and, if applicable, Copyright to 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 or; (b) _____ Permit Board to find an appropriate location for the item(s)?

Signature of Donor: _____ Date: _____

DESCRIPTION OF ITEM(S):

May be continued on the back

Accepted by:

_____ (signature of staff member)

_____ (Print)

Office Use Only

Item sent to Archives: Yes No CEO signature : _____

Date: _____ Accession Number: _____