

## RECEIPT OF RECORDS FOR APPRAISAL

*These records are being accepted conditionally pending archival appraisal.* Upon completion of a review you will be contacted regarding a decision on acquisition.

Name of Church agency, congregation or individual that created the records: \_\_\_\_\_

Brief Description of Records: \_\_\_\_\_

Extent (number of boxes, items, etc): \_\_\_\_\_

If records are *not* acquired  Region Archives will dispose of records, *OR*  
(check one)  Records will be returned to the Donor

Donor Name: \_\_\_\_\_

Name of Contact if Donor is an organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/Post Office Box \_\_\_\_\_ City / Province \_\_\_\_\_

Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

**Are these records being dropped off by someone other than the donor?** YES NO

IF YES, Name: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Donor or Person Dropping Off Records

**For completion by United Church Region staff (on receipt of records):**

Staff Receiving Records: \_\_\_\_\_ Date: \_\_\_\_\_

Location Received: \_\_\_\_\_ Signature: \_\_\_\_\_

**For completion by Archivist, following appraisal:**

Appraisal Archivist: \_\_\_\_\_ Date: \_\_\_\_\_

Reference Number: \_\_\_\_\_ Signature: \_\_\_\_\_