



# Wethersfield Historical Society

150 Main Street, Wethersfield, CT 06109

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## TEMPORARY OBJECT RECEIPT FORM

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

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

Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_

It is understood that the following item(s) have been left for examination and evaluation and remain the property and responsibility of the donor, \_\_\_\_\_.

**Object(s)** (please include a brief description about the item, and include dates and related names if possible):

Signature of Responsible party: \_\_\_\_\_

Deposited at Wethersfield Historical Society with: \_\_\_\_\_ Date: \_\_\_\_\_