

# Temporary Custody Receipt

HSDV Museum P.O.Box 485 Dayton NV 89403

This is to acknowledge receipt of the items listed below by the HSDV Museum from:

Name: _____		Date: _____	
Address: _____			
City: _____	State: _____	Zip: _____	
Work# _____	Home#: _____	Fax#: _____	Cell#: _____
Website: _____		Email: _____	

The items listed below are left in the custody of the HSDV Museum to be considered as:

- An unconditional donation. The Museum reserves the right to keep, lend, or otherwise dispose of the donated material.
- To be considered for acquisition.
- For identification. Does not constitute an authentication; will not include appraisals. The Museum reserves the right to photograph.
- For Other. Please Specify \_\_\_\_\_

**Disposition if not accepted for accession:**

- Source will pick up
- Please dispose of or destroy
- May be sold to benefit HSDV Museum

**Items and Description**

**Received by:**

**(Signature)**

**(Date)**

**Interim Location:**

**Received From:**

**(Signature)**

**(Date)**