Ron Maidment Archives Research Request



| Requester | Details | | | | | |
|---|-----------------|----------------------|------|--|--|--|
| Full Name | | | | | | |
| Residential | | | | | | |
| Address | | | | | | |
| | | | | | | |
| | Home | Mobile | | | | |
| Email | | | | | | |
| Request and declaration by library client under section 49 (1) | | | | | | |
| Declaration by library client and authorised officer (ordinary clients) | | | | | | |
| Date | | | | | | |
| To the officer in charge: | | | | | | |
| I request a | reproduction of | | | | | |
| | | | | | | |
| I declare that I require the reproduction for the purpose of research and study and I will not use it for any other purpose, and I have not previously been supplied with a reproduction of the same material by an authorised officer of the library or archives. In the event that my request is for more than one article from the same issue of a periodical, I further declare that each article is for the same research or course of study. Signed(library client) | | | | | | |
| When more than a reasonable portion of a work is requested: | | | | | | |
| I declare that, after reasonable investigation, I am satisfied that a reproduction (not being a second-hand reproduction) of the work cannot be obtained within a reasonable time at an ordinary commercial price. Signed(authorised officer) | | | | | | |
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| | | | | | | |
| For Office Purposes Only | | | | | | |
| Request rece | ived by | (authorised officer) | Date | | | |
| Request action | oned by | (authorised officer) | Date | | | |
| | | | | | | |

Ron Maidment Archives Research Request



| Request Details | | | | |
|--|---|--|--|--|
| What is the purpose of your research? (e.g. family history/assignment) | | | | |
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| What information do you already have? | | | | |
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| What would you like to know as a result of this search, and when you need it? | | | | |
| What would you like to know as a result of this search, and when you need it? | | | | |
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| I am happy to share/donate research to Ron Maidment Archives. | | | | |
| Yes No No | | | | |
| I have read and acknowledge the following conditions | | | | |
| • Ron Maidment Archives room is staffed by volunteers most Thursdays between 10am 4pm | | | | |
| We welcome visitors and to be most helpful, we ask our visitors to advise us beforehand when they are coming (appointments can be made via email localhistory@capel.wa.gov.au, or by contacting Capel Library staff on 9727 0290) | | | | |
| We ask you to please sign our Visitors Book | | | | |
| Research is free of charge but fees apply for photocopying | | | | |
| We appreciate you sharing any of your research | | | | |
| Please note that Shire Council Agendas and Minutes are stored at the Shire Office | _ | | | |
| Signature: Date: | | | | |
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Ron Maidment Archives Research Request



| For Office Purposes Only | | | | | |
|---|--------------|--------------|--|--|--|
| Date | Action/Notes | Staff member | | | |
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| Researcher Notified (Archives / Staff Use Only) | | | | | |
| Action: | | | | | |
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| Completed By: | Date: | | | | |