



ORANGE COUNTY REGIONAL
HISTORY CENTER

COLLECTIONS DEPARTMENT REQUEST FORM

Date: _____

Name: _____ **Department:** _____

Date Work/Project Due: _____

Note: Collections will need at least 3 days to complete requests

Type of research/project needed:

_____ **Photos** _____ **Artifacts** _____ **Library** _____ **Archives**

Description of Project:

Special Instructions:

Completed by: _____

Date: _____

Time Spent: _____

Signature: _____

Curator of Collections