

CAMBRIDGESHIRE ARCHIVES SERVICE
Interim Agreement and Receipt

Cambridgeshire Archives, Box SH1009, Shire Hall,
Castle Hill, Cambridge CB3 0AP
telephone 01223 699399
email cambs.archives@cambridgeshire.gov.uk



The material described below was received into CAS care on _____ from:

Name:

**delete as applicable or add other preferred title. Please include forename or initials.*

Full address

Telephone

Email

Name of any organisation on behalf of which I am acting, and capacity or position:

Name, position and address of person to whom receipt should be given, if different from the above:

This is a **gift / deposit** (on indefinite loan) / **temporary loan** for inspection*

Gifts are understood to include intellectual property rights ('copyright') so far as the donor may believe he or she owns them. Please state if this is to be qualified in any way:

If **deposit**, does depositor require consultation for any request to publish in whole or part? **Yes/No***

Is any of the material subject to any closure from public access or other special condition? **Yes/No***

Is authority given to transfer material not falling within the Service's collecting policy? **Yes/No***

Is authority given to destroy duplicate or minor material at the Service's discretion? **Yes/No***

**These sections must be deleted or modified as applicable. If necessary use the back of this form.*

Depositor's or donor's signature:

Brief description of records received:

Depositor should initial below
if no further acknowledgement is required

Date/ period of material:

Quantity:

.....

Received on behalf of CAS by

Signature

Position

Acc no:

Added to CALM:

Date of Formal Receipt:

If accepted into our collections a formal acknowledgement will follow unless indicated above.
Attention is drawn to the Service's Terms of Acquisition.