Collections Access Request
Cable Natural History Museum
PO Box 416
Cable, WI 54821
Phone: 715-798-3890
Fax: 715-798-3828
Info@cablemuseum.org

Name: __________________________  Date: __________
Address: ________________________  Phone: ________

Type of access requested (check all that apply):

☐ Access to documentation
☐ Use of Museum Collections Records
☐ Obtain photographs of object(s)
☐ Examine object(s)
☐ Photograph/draw object(s) yourself
☐ Other _______________________________
☐ General tour of Collections

Describe as explicitly as possible the project you are working on, including the form of your completed project:

List of items requested to be used:

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
</tr>
</thead>
</table>

For Staff Use Only

Date: ____________________________

Access approved: ________  Access denied: ________

Specific Conditions:
____________________________________________________________________________________
____________________________________________________________________________________

CNHM Naturalist Curator Signature: ________________________________________________

Revised 7/21/2015
Conditions for Access

- Access to Museum collection objects is subject to the availability of curatorial personnel and is by appointment only. Only curatorial staff will allow access to collections.
- Staff may deny access to objects if they are too fragile to handle and handling is detrimental to the objects.
- Food and beverages are not permitted while utilized collection objects.
- Permission to access museum objects does not constitute permission to handle museum objects. Museum Naturalist Curator must approve all object handling.
- Cotton, latex, or nitrile gloves will be issued to the visitor and must be worn when handling museum objects.
- Handling museum objects may be hazardous. Museum objects may retain chemical or biological contamination (e.g. arsenic).
- The Museum accepts no responsibility for the loss of or damage to visitor’s personal property.

By signing below, I acknowledge that I have read the above and I understand and agree to abide by these regulations and procedures of the Cable Natural History Museum. Further, I assume full responsibility for any damage, accidental or otherwise, that I may cause to any material held by the Cable Natural History Museum.

Name:____________________________________________   Date:__________________________________

Signature: _________________________________________