



REQUEST
for insight into museum holdings and museum documentation

APPLICANT INFORMATION

Name		Date of birth	
Occupation		E-mail	
Institution		Phone number	
Address			
Number of valid identification document and place of issue:			

PURPOSE OF INSIGHT INTO THE MUSEUM HOLDINGS AND MUSEUM DOCUMENTATION

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SUBJECT OF RESEARCH

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MUSEUM COLLECTION / DOCUMENTATION FUND

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INVENTORY NUMBER

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I hereby certify that I am familiar with the provisions of the Ordinance on the conditions and methods for obtaining insight into museum holdings and museum documentation (NN 115/01)

Place and date of application:

Applicant's signature:

REQUEST APPROVAL

Approved / Rejected

Reason for rejection:

Place and date:

Signature:

M. P.

(official seal)

DATA FOR MUSEUM DOCUMENTATION

Service specification	Number of copies
<input type="checkbox"/> insight into recordings / copies and information about museum holdings / documentation	
<input type="checkbox"/> insight into the original museum holdings / documentation	
<input type="checkbox"/> production of digital images or copies	
<input type="checkbox"/> usage of digital images or copies for publication and / or presentation	

Publication submitted to the museum documentation: YES NO

Number of copies: _____

Date:

Signature:
