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Researcher Registration Form

Name: _____ Date: _____

Picture ID card Type, State Control Number: _____

Institutional Affiliation: _____

Work Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Home Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Contacted Archive Through:

Visit ___ Letter ___ Phone Call ___ Fax ___ E-Mail ___

Research Project Summary: *Continue on separate sheet if necessary*

Publication Plans:

Other special requirements:

Collections used:

Researcher Signature

Date