



Conservation and Restoration Treatments

Personal Information

Miss Mrs. Ms. Mr. Dr.

First Name: _____

Province/State: _____

Last Name: _____

Country: _____

Organization: _____

Postal/Zip code: _____

Title/Position: _____

Web Site: (if applicable): _____

Address: _____

Telephone: _____

Fax: _____

City: _____

E-mail: _____

Organization Type (see Client Categories on the CCI Web site): _____

Request Information

Description of Object

Description (e.g. textile, paper, photograph, painting, sculpture, ceramic, furniture, industrial object, ethnographic object, etc.)

Name or title of object: _____ Accession number: _____

Attribution: _____

Does your institution own this object? Yes No

If no, owner contact information: _____

Dimensions/approximate weight (if relevant): _____

Present location details (i.e. storage, display, outdoors, etc.): _____

Current Condition of Object

Describe the current condition of the object. Identify any damage or visible changes that threaten its stability or exhibit potential: (Please note that accompanying photographs of the front and back of the object, as well as details of any damage, are required as they assist in the assessment of the request. Attach images.) _____



Conservation and Restoration Treatments (con't.)

Request Information (con't.)

Significance – What is the significance of the object? (Attach copies of pertinent literature or documentation.) _____

Purpose of Request – Describe the anticipated benefits and uses of this treatment: _____

Will the object be displayed or accessible to the public once treated? Yes No

If yes, what type of exhibition? (Permanent Temporary Travelling) _____

Describe the anticipated display or storage conditions: _____

Other uses or additional details: _____

Key Request Dates – Requested completion date: _____

Is the artifact scheduled for an upcoming exhibit or event? Yes No

If yes, please provide the date and event: _____

You may attach supporting documents or images