

Record of Final Disposition

Date reviewed by the Society's Board: _____

Object accession number: _____

Object description: _____

Donor: _____

Donor contact information:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Final Disposition (check all that apply):

- Exchange or transfer to another internal Society collection
- Exchange or transfer to another museum or educational institution
- Discard or destruction
- Repatriation
- Return to Donor or prior owner
- Public sale
- Other: _____

Justification for Disposition:

Prepared by: _____ Date: _____

Society's Board decision: _____ Date: _____ Deaccession #: _____

Chelmsford Historical Society grants title to the object(s) listed above to the party listed below.

Institution: _____

Staff Member: _____

Title: _____