

# DESCRIPTIVE INFORMATION FORM

ITEM ID NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CONTRIBUTOR NAME: \_\_\_\_\_

FOR PROJECT TEAM USE ONLY	
<p style="text-align: center; margin: 0;"><b>Information Station</b></p> <p>Form reviewed for completeness and legibility: _____</p>	<p style="text-align: center; margin: 0;"><b>Copying Station</b></p> <p>Scanned (600 dpi): _____</p> <p>Emailed: _____</p> <p>Copied from device: _____</p>

<b>Give this item a TITLE</b>										
Who <b>CREATED</b> this item or photograph? If you took the photograph, enter your name.		I don't know <input type="checkbox"/>								
Is there any <b>LOCATION</b> information about this item that you would like to share?  <i>For example, if it's a photograph, <b>WHERE</b> was the photograph taken?</i>	Neighborhood: _____ Town/City: _____ State: _____ Country: _____ Other Location Information: _____	I don't know <input type="checkbox"/>								
<b>WHEN</b> was this item created or when was this photograph taken?	Year: ____ __ __ __    Month: ____ __    Day: ____ __ Approximate date (if exact date unknown): _____	I don't know <input type="checkbox"/>								
If this is a photograph, name the <b>PEOPLE</b> in the photograph.  <i>List names from <b>back to front</b>, <b>left to right</b>. Please use complete names.</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1.</td> <td style="width: 50%;">5.</td> </tr> <tr> <td>2.</td> <td>6.</td> </tr> <tr> <td>3.</td> <td>7.</td> </tr> <tr> <td>4.</td> <td>8.</td> </tr> </table> <p style="text-align: center; margin-top: 10px;"><i>Use the back of this form if you need more room.</i></p>	1.	5.	2.	6.	3.	7.	4.	8.	N/A <input type="checkbox"/>  I don't know <input type="checkbox"/>
1.	5.									
2.	6.									
3.	7.									
4.	8.									
Please <b>DESCRIBE</b> this item or photograph and let us know why it is important to you.         <i>Use the back of this form if you need more room.</i>										