



## COLLECTION APPLICATION - ARTIFACTS

Please include pictures of the object(s) along with your application. Please do not bring in the artifact(s) until you have been contacted by one of the members from the Museum. If you have any questions, please contact the museum 470-239-0199.

### **Please send this completed form and photos to:**

Miles Through Time 3651 Peachtree Pkwy Ste. E206 Suwanee, GA 30024  
sean@milesthroughtime.com

### **Contact Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Collection Information**

Is this to be a LOAN or a DONATION to the Miles Through Time? (please mark ONE)

Are you willing to transport the artifact(s) to the Museum if accepted?  Yes  No

Please tell us how you came to have this object:

Purchased  Inherited  Found  Received as gift  Other \_\_\_\_\_

When, where, and how did you acquire this object? \_\_\_\_\_

\_\_\_\_\_

### **Object Information**

What is the item? \_\_\_\_\_

Who made it? When and where? For what purpose? \_\_\_\_\_

\_\_\_\_\_

What is the approximate date range of the object? \_\_\_\_\_

Size/Weight/Materials? \_\_\_\_\_

Condition (please include clear photos along with your application): \_\_\_\_\_

\_\_\_\_\_

### **Ownership History**

If you know anything about this object's history, please tell us. Names and locations of previous owners and their relationships to you, etc. Feel free to use the back or an additional page.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

