



Puyallup Tribe of Indians

HISTORIC PRESERVATION DEPARTMENT

REQUEST FORM



NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

TRIBAL AFFILIATION: _____

PREFERRED METHOD OF COMMUNICATION: (please check one)

Mail

Telephone

Email

PURPOSE OF REQUEST

(please check all that apply)

RESEARCH

Topic(s) & use: _____

➤ Signed *Researcher Agreement Form* required (provided by HPD)

PHOTOGRAPHIC ARCHIVES - requester will be required to schedule sessions for identification of submitted photographs

➤ Signed *Photographic Archives Agreement Form* required (provided by HPD)

Creating a new collection

Adding to a current collection

File name(s): _____

Duplication (please include how many copies you would like)

Description & information: _____
