



ARCHIVIO
WALTER
BALDESSARINI

Via delle Corse, 18 - 39012 Merano

SUBJECT: APPLICATION FORM TO ARCHIVE WORK

The undersigned

Surname _____ Name _____

Address _____

Phone _____

Mail _____

declares to be the owner of the work described below and requests its insertion in the Archives Walter Baldessarini:

Title _____

Technique _____

Dimensions in cm (height by width) _____

Frame? YES NO

Is the work dated? YES NO

Is the work signed? YES NO

Date and place

.....

In Faith (Signature)

.....



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To be filled in by the Archives Walter Baldessarini at the moment of the deposit of the work in the offices of Via delle Corse 18 - 39012 Merano

RECEIPT OF DELIVERY OF THE WORK:

N. ARCHIVE: _____

Work delivered on date _____

Signature

Archivio Walter Baldessarini

The Owner

Work returned on date _____

Signature

Archivio Walter Baldessarini

The Owner
