



Archives of the Catholic Archdiocese of Perth

APPLICATION FOR ACCESS TO THE BRODERICK COLLECTION OF PLANS

DATE OF APPLICATION _____

NAME OF RESEARCHER _____

ADDRESS _____

PHONE _____

FAX NUMBER _____

MOBILE _____

EMAIL _____

PURPOSE OF REQUEST:

SETS OF PLANS TO WHICH ACCESS IS REQUESTED:

1. _____
2. _____
3. _____
4. _____

REFEREE OR COURSE CONTROLLER (If applicable):

APPLICATION FOR ACCESS TO THE BRODERICK COLLECTION OF PLANS

July 2014



Archives of the Catholic Archdiocese of Perth

NAME _____ OCCUPATION _____

ADDRESS _____

PHONE _____

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I will not make use of any material that does not pertain to the subject of my research.

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STATEMENT OF PERMISSION

I hereby give permission for _____



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