



HISTORIC ARCHIVES LIAISON 2016 REGISTRATION FORM

Please complete and return this form to cookcounty.board@cookcountyil.gov by Friday, July 29, 2016.

Bureau/Department: _____

Historic Archives Liaison's Name: _____

Historic Archives Liaison's Name: _____

Work Location Address: _____

(Please include suite number if applicable)

Email: _____

Cell Phone Number: (_____) _____ Office Number: (_____) _____

HISTORIC ARCHIVES COORDINATORS WILL BE RESPONSIBLE FOR THE FOLLOWING:

- Development of Bureau/Department historical timing or chronology outline
- Periodically collect and assemble archive documents and materials
- Perform initial assessment of potential archive documents and materials