



NOVI PUBLIC LIBRARY  
45255 W. TEN MILE ROAD  
NOVI, MICHIGAN 48375  
248-349-0720

## COVID Archive Project Submission Form

By submitting material, you accept the terms allowing The Local History Room of the Novi Public Library to use the materials for appropriate historical programming including research, exhibits, educational presentations and publications.

Fields followed by an asterisk (\*) are required for acceptance.

Name\* \_\_\_\_\_

Business Name (if applicable)\* \_\_\_\_\_

Email \* \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address\*

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

What is your current age?

This field is not required, but useful for our records. We would especially like to record the age of those with submissions under 18.

\_\_\_\_\_

Are you 18 years of age or older?\*

The last names of submissions by individuals younger than 18 will not be used in future exhibitions, publications, website, social media, and/or research projects.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If under the age of 18, please give us the name of a parent or guardian that gives permission for this submission.

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Share Your Story (attach additional pages if necessary).\*

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### Photo or Video Information

If submitting a photo or video, please let us know when and where the photograph/video was taken, who took the photograph/video, and any additional information such as context or who is in the photograph/video.

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### Permission to Use\*

You agree to give The Local History Room of the Novi Public Library permission to use your story and/or submitted files for future exhibitions, publications, website, social media, and/or research projects.

\_\_\_\_\_ I give permission

\_\_\_\_\_ I do not give permission

**Thank you for your support of local history!**