



CITY OF PACIFIC GROVE

300 Forest Avenue, Pacific Grove, CA 93950

Tel: 831.648.3190 Fax: 831.648.3184

www.cityofpacificgrove.org

Art Acceptance Form

HISTORY OF THE PIECE PROPOSED FOR DONATION

Donor	
Name	_____
Phone	_____
Fax	_____
Email	_____
Mailing Address	_____

Legal Owner	
Name	_____
Phone	_____
Fax	_____
Email	_____
Mailing Address	_____

Applicant	
Name	_____
Phone	_____
Fax	_____
Email	_____
Mailing Address	_____

Previous Owner(s)/History of Ownership	

(Attach additional pages if necessary for any section)

Date of Application to Donate _____

Signature of Applicant _____

DESCRIPTION OF WORK (PHOTO MUST BE ATTACHED)

Name of Work	
Artist	
Medium	
Date of Work	
Dimensions of Work	
Appraised Value	
Content/Description	
Condition	
Artist Biography (Summary)	
Special Requirements / Conservation Measures	
Maintenance (materials, cost, etc)	

INTENDED USE

Selective Display/Exhibit	_____
Research	_____
Circulation/Loan	_____
Sale	_____

REASONS FOR ACCEPTANCE

Artistic Merit	_____
Historical Significance	_____
Local Interest	_____
Commercial Value	_____

CONDITIONS OF ACCEPTANCE

Specified Recipient	_____
Storage Requirements	_____
Proposed Location	_____
Special Requirements / Conservation	_____

(Attach additional pages if necessary for any section)

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INTENDED USE

Selective Display/Exhibit	_____
Research	_____
Circulation/Loan	_____
Sale	_____

REASONS FOR ACCEPTANCE

Artistic Merit	_____
Historical Significance	_____
Local Interest	_____
Commercial Value	_____

CONDITIONS OF ACCEPTANCE

Storage Requirements	_____
Cost Impact and Maintenance	_____
Proposed Location	_____
Proposed Department Responsibility	_____
Special Requirements / Conservation	_____

RECOMMENDATIONS FOR ACCEPTANCE (ACCEPT / DECLINE, SIGNATURE, DATE)

Beautification Commission	_____
Museum of Natural History	_____
Public Library	_____
Other Recipient Department (if Applicable)	_____

Approved by City Council Date _____

Mayor's Signature _____ Date _____