COUNTY OF TUOLUMNE

CARLO M. De FERRARI ARCHIVE

Research Room Procedures

Registration. Please check in with an Archives staff member and complete a research registration form.

Lockers. Personal belongings (e.g. coats, jackets, umbrellas, purses, briefcases, computer cases/covers, folders, etc.) must be placed in lockers or coat closet located in the Research Room reception area. Only paper and pencils are permitted at research tables.

Hours. The research Room is open at the present time by appointment only. You can reach us at (209) 536-1163. Appointments are made Monday through Friday 9:00 a.m. – 4:00 p.m. except for holidays.

Services. At the present time we do not offer photocopy service. You may use a digital camera.

Care and Handling. Please exercise all possible care to prevent damage to the records. Records should not be leaned on, written on, folded anew, traced or handled roughly. White, cotton gloves are provided by Archive staff to be worn when handling all records. Unbound documents are to be kept in the same order in which they are received. Use pencils only for taking notes. This precludes accidental ink marks on the records. Pencils are available upon request.

Microfilm. As a Tuolumne County supported repository of public records, the archive is open and free, subject only to limitations and restrictions necessary to preserve and ensure the safety of the records. For this reason the staff may insist on the use of microfilm instead of the original records.

Equipment Use. Personal computers, scanners, digital cameras, typewriters, and tape recorders maybe used with the permission of Archive staff.

Prohibited Activities. Eating, drinking, smoking, or loud talking is prohibited in the Research Room. Use of cellular phones is not permitted in the Research Room.

Records may not be removed from the Research Room. Theft or mutilation of records is a crime. (Penal Code Sec. 490.5).

THANK YOU FOR HELPING US TO PRESERVE THE COUNTY OF TUOLUMNE ARCHIVAL RECORDS FOR FUTURE GENERATIONS.

CARLO M. De FERRARI ARCHIVE

Research Registration Form

Date		ID#
NAME:		
AFFILIATION: (if any)	(please print)	
ADDRESS:		
PHONE:		
Is this your first visit to the County Arc	chive?YesNo (I	f yes, please continue)
How did you learn about the County A	rchive?	
Purpose of your research?		
I have read and understand the rules a the reverse of this form.	nd procedures of the Carlo De	Ferrari Archive printed or
Signature		Date
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxxxxxxxxxxxxx
Assessment Records	Justice Court Records	Sheriff/Coroner/Jail
Auditor Records	Oral History	Superior Court Records
Board Of Supervisors Records	Marriage Records	Treasurer Records
Clerk Records	Naturalization Records	Map Materials
Declaration of Intentions	Newspapers	Other Records
Election Records	Probate Records	
Great Registers	School	