

**Black Swamp Memories Digital Scrapbook Project  
Submission Cover Sheet**

**Contact Information for Submission\***

Name	_____
Title	_____
Organization	_____
Street Address	_____
City	_____
State	_____
Zip	_____
County	_____
Phone	_____
Fax	_____
E-mail	_____
Web Address (URL)	_____

**Signature of Authorizing Official**

Signature/Date	_____
Name (Print)	_____
Title	_____

**\*The Contact Information for Submission will appear on the  
Black Swamp Memories Digital Scrapbook Project Web Site unless  
otherwise noted.**

**Return forms to:**

Black Swamp Memory Project  
Wood County Public Library  
251 N. Main Street  
Bowling Green, OH 43402

**Questions regarding the Black Swamp Memories Digital Scrapbook  
Project can be directed to the above address.**