

**Application Form for Access to Archives**  
**Xihu Land Office Of Changhua County**

Name	Date of Birth	ID/Passport No.	Address and Contact Phone Number
Applicant  _____			Address : _____ <hr/> Phone Number : (H)_____ (O)_____
<input type="checkbox"/> Representative <hr/> <input type="checkbox"/> Relationship with the Applicant (                    )			Address : _____ <hr/> Phone Number : (H)_____ (O)_____
<input type="checkbox"/> Name of corporation, organization, firm, or business office : _____ <input type="checkbox"/> Address : _____  (Information of administrator or representative to be filled in Applicant's Section above)			
<b>Order</b>	<b>Please first to institution file catalogue inquiry network</b> <b>( <a href="http://near.archives.gov.tw">http://near.archives.gov.tw</a> )</b> <b>After the inquiry files number, the file name or the content essence fill in</b>		<b>Items Requested(Multiples Allowed)</b> <b>Viewing · Transcribing    Duplicating</b>
	File number	File name or Subject of Content	
1			<input type="checkbox"/> <input type="checkbox"/>
2			<input type="checkbox"/> <input type="checkbox"/>
3			<input type="checkbox"/> <input type="checkbox"/>
4			<input type="checkbox"/> <input type="checkbox"/>
5			<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> The original of No. _____ Document is requested because : _____			
Purpose of Application : <input type="checkbox"/> Textual Research <input type="checkbox"/> Academic Research <input type="checkbox"/> Prof Reference <input type="checkbox"/> Business Reference <input type="checkbox"/> Rights Protection <input type="checkbox"/> Others(Please state the purpose) : _____			
This document is presented to Xihu Land Office, Changhua county Applicant's Signature : _____ <input type="checkbox"/> Representative's Signature : _____ Application Date : _____ (Month/Day/Year)			

## (Notification)

- 1、◎mark indicates spots need to be filled out. Please also complete other columns.
- 2、Please fill out your ID number or passport number in the column of “ID number.”
- 3、Representative by person please provide the power of attorney; representative by law, please provide the copy of related documents. If the application is related to personal privacy, please provide relevant evidence.
- 4、Corporation, organization, firm, or business office, please provide the copy of registration certificate.
- 5、The application may be rejected according to Article 18 of Archives Act.
- 6、Viewing, copying, or duplication of archives need to be conducted within the specified time and location posted in the archives reading room in our department.
- 7、Those who apply to read, copy or duplicate the archives must not be involved in the following activities:
  - (1) Add notations to, scratch off/alter, change, remove, add marks to or contaminate the records.
  - (2) Dismantle archives bindings.
  - (3) Destroy archives or alter archives contents in any other manner
- 8、Standard charge of reading, transcribing, and duplicating the archives: this provision of title should be applicable to National Archive Administration.
- 9、Applications can in paper form be sent to Xihu Land Office, Changhua County  
(Address) No.99, Dagong Rd, Xihu Town, Changhua City, Taiwan51450  
(phone number) : (04) 8813119  
(fax) : (04) 8816949
- 10、The action of application would notice the applicant by mail within 15 days after filing. If amendment has been noticed, please do so in 7 days. Applicants abandon to amend or incapable to amend for the application then, the application shall be rejected.