



# CITY OF BELMONT MY MEMORIES OF BELMONT

**We would like to learn more about you and your memories of living in the Belmont area.**

**Please complete the following questionnaire. This will assist the City to gather valuable historical information around our residents and community.**

Your name:

Your maiden/other family name (if applicable):

Your date of birth:

When did you first settle in the Belmont area?

When did your family first settle in the Belmont area?

Where have you lived in the Belmont area? Please provide the address/s:



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**MEMORY ONE:**

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**MEMORY TWO:**

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**MEMORY THREE:**





## Would you like us to contact you?

Yes

No

### Best Availability: (please tick)

Monday AM  PM

Tuesday AM  PM

Wednesday AM  PM

Thursday AM  PM

Friday AM  PM

### Address:

### Telephone Number:

**Thank you for completing the questionnaire  
"My Memories of Belmont."**

**If you have any further information about your history of living in the Belmont area please  
attach additional documents to this form.**

I understand that the following conditions apply:

Copyright in the recording and any transcript of that recording belongs to COB.

I may stop the interview at any time.

The interview will be transcribed and may be edited.

I will be given a copy of the transcript and the opportunity to amend it (if necessary).

I will be given a copy of the completed transcript and of the recording.

COB may provide access to the recording and transcript to researchers and other interested parties.

The transcript or parts of the transcript may be published.

The audio recording or parts thereof may be broadcast and/or used in public displays.

I give consent for my name to be published with regard to material drawn from this interview.

I acknowledge the above as the conditions which will govern the interview, its recording, transcription and subsequent use

Signed: .....[Interviewee]

Date: .....

Please complete and return to:

Specialist - Library and Museum Hub - Curator

Telephone: (08) 9477 7450

Email - [museum@belmont.wa.gov.au](mailto:museum@belmont.wa.gov.au)

Belmont Museum:

213 Wright Street, Cloverdale, WA 6105

Postal address: Locked Bag 379, Cloverdale WA 6985

