



City Hall 1400 Highland Avenue Manhattan Beach, CA 90266-4795
 Telephone (310) 545-5621 Fax (310) 545-5234 TDD (310) 546-3501

Art Deaccession Form

ARTIST 1					
FIRST NAME		LAST NAME			
NATIONALITY		ALIAS			
ADDRESS		DOB/DOD			
CITY		STATE		ZIP CODE	
ARTIST 2					
FIRST NAME		LAST NAME			
NATIONALITY		ALIAS			
ADDRESS		DOB/DOD			
CITY		STATE		ZIP CODE	
BIOGRAPHY (attach bio/resume/statement, if available)					
ARTWORK (attach photographic images)					
TITLE				ACCESSION NUMBER	
DESCRIPTION (describe below)					
ARTWORK TYPE		DIMENSION (Inches) (h x w x d) & WEIGHT (kg if applicable)			
PERIOD/DATE (or scheduled completion date if applicable)					
FRAMED	<input type="checkbox"/> Yes <input type="checkbox"/> No	DESCRIBE			
MOUNT/BASE	<input type="checkbox"/> Yes <input type="checkbox"/> No	DESCRIBE			
ACCOMPANYING ACCESSORIES	<input type="checkbox"/> Yes <input type="checkbox"/> No	DESCRIBE			
PROVENANCE/HISTORY (describe below)					

METHOD OF ACQUISITION			
<input type="checkbox"/> DIRECT PURCHASE	<input type="checkbox"/> COMMISSION	<input type="checkbox"/> DONATION	
<input type="checkbox"/> OTHER (explain)			
ORIGINAL COST/PURCHASE PRICE (U.S. dollars) (describe below)			
CONDITION			
Describe current condition of artwork noting any existing breaks, tears, scratches, abrasions, paint losses, or other insecurities or defects in the object and attach condition report.			
CONDITION REPORT PROVIDED	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR
ARTWORK SITE (attach photographic images if applicable)			
CURRENT ARTWORK LOCATION AND DESCRIPTION OF SITE			
VALUATION (a formal appraisal must be attached for any artwork having a fair market value of \$10,000 or more)			
MARKET VALUE (USD)	\$	DATE OF APPRAISAL (if applicable)	
NAME OF APPRAISER (if applicable)			
HOW WAS THIS FAIR MARKET VALUE DETERMINED AND BY WHOM? (describe below)			
ARTIST CONTACTED			
DATE CONTACTED:		<input type="checkbox"/> PHONE	<input type="checkbox"/> LETTER <input type="checkbox"/> EMAIL
ARTIST RESPONSE DATE:			
DATE CONTACTED:		<input type="checkbox"/> PHONE	<input type="checkbox"/> LETTER <input type="checkbox"/> EMAIL
ARTIST RESPONSE DATE:			

REASON FOR DEACCESSIONING (Check all that apply)

- The condition or security of the Work of Art cannot be reasonably guaranteed in its present location.
- The Work of Art has been damaged or has deteriorated to the point that it can no longer be represented to be the original Work of Art.
- The Work of Art has been damaged and repair is impractical, unreasonable, or infeasible.
- The condition of the Work of Art requires restoration, the cost of which would exceed the monetary value of the Work of Art.
- The Work of Art presents a threat to public safety.
- Significant changes in the use, character, or actual design of the site require a re-evaluation of the relationship of the Work of Art to the site.
- The Work requires excessive maintenance or has faults of design or workmanship.

RECOMMENDED FOR DEACCESSION REVIEW BY

FIRST NAME		LAST NAME	
TITLE		DATE	
RELATIONSHIP TO ARTWORK			

SPECIFIC REASON FOR RECOMMENDING DEACCESSION REVIEW (describe below)

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COMENTS AND OPINIONS (Briefly explain media or other evidence of public debate documenting extended adverse public reaction)

COMMENTS FROM THE ARTIST(S), DONOR(S) OR ANY STAKEHOLDERS GROUPS

COMMENTS FROM CITY DEPARTMENT RESPONSIBLE FOR OPERATING AND MAINTAINING THE ARTWORK'S SITE

WERE OUTSIDE EXPERTS (CONSERVATORS, ENGINEERS, ARCHITECTS, CRITICS, SAFETY EXPERTS, ETC.) CONTACTED?

Yes No

EXPLAIN BELOW

RESTRICTIONS				
RECORDS SEARCHED FOR RESTRICTIONS?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
FILES SEARCHED	<input type="checkbox"/> ARTIST/PROJECT FILE <input type="checkbox"/> ARTWORK FILE <input type="checkbox"/> DONATION FILE			
	<input type="checkbox"/> OTHER:			
RESTRICTIONS FOUND?		<input type="checkbox"/> YES (describe below) <input type="checkbox"/> NO		
OPINION FROM THE OFFICE OF THE CITY ATTORNEY REGARDING TITLE AND ANY RESTRICTIONS THAT MAY APPLY TO ARTWORK AND/OR AN OPINION FROM THE CITY'S RISK MANAGEMENT DEPARTMENT REGARDING PUBLIC SAFETY, INSURANCE, ETC.				
LIST OF DOCUMENTS ATTACHED				
COMMISSION STAFF RECOMMENDATIONS				
SUGGESTED METHODS OF DISPOSAL		<input type="checkbox"/> ARTIST	<input type="checkbox"/> DONATION	<input type="checkbox"/> EXCHANGE
		<input type="checkbox"/> SALE AT PUBLIC AUCTION	<input type="checkbox"/> DESTRUCTION	
		<input type="checkbox"/> OTHER:		
<input type="checkbox"/> APPROVED			<input type="checkbox"/> NOT APPROVED	
COMMENTS OR SUGGESTIONS				
FINAL ACTIONS ON DEACCESSION REVIEW REQUEST				
RECOMMENDATIONS OF THE CULTURAL ARTS DIVISION			<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	DATE
COMMENTS OR SUGGESTIONS				
RECOMMENDATIONS OF THE CULTURAL ARTS COMMISSION			<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	DATE
COMMENTS OR SUGGESTIONS				
RECOMMENDATIONS OF THE CITY COUNCIL			<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	DATE
COMMENTS OR SUGGESTIONS				
FINAL DEACCESSION REVIEW OUTCOME				
<input type="checkbox"/> ARTIST	<input type="checkbox"/> DESTRUCTOIN	<input type="checkbox"/> DONATION	<input type="checkbox"/> EXCHANGE	<input type="checkbox"/> SALE AT PUBLIC AUCTION
<input type="checkbox"/> OTHER:				
DATE				
RELOCATION REVIEW				
DATE				