Remembering Westclox

Please record your memory or story of Westclox on the lines below. The following questions are optional and will help to put the memory or story into the proper context. Do not forget to print and sign your name at the bottom of the second sheet. This gives us permission to use the information provided.

Author Name (optional): _____

Connection to Westclox (optional): _____

_____

_____

Phone Number (optional; this will be kept confidential and will only be used if the author needs to contacted for clarification): _____

Please type or write your memory/story below in clear print.

_____

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By signing this form, I give permission for the LaSalle Public Library to use this for display and record purposes.

Print Name: _____

Signature: _____ Date:_____