

ORAL HISTORY
2017-07-04

Raven Landing Resident Stories Project
Interview Information Form

Recording/Interview Date: <i>4-22-17</i>	Consent Form Signed <input checked="" type="radio"/> YES <input type="radio"/> NO <i>4/19/17</i>
Recordist/Interviewer <i>Ruth Storvick</i>	
Recording Location: <i>Storvicks apartment</i>	
Speaker/Interviewee: <i>Ray Womack</i>	
Interviewee's Address: <i>945 McGown St, Apt 2D Forks, 99701</i>	Telephone No: <i>907-328.5410</i>
	Email Address: <i>raychaive@gsi.net</i>
	Birthdate: Month <i>8</i> / Day <i>7</i> / Year <i>'35</i>
Names of others present during interview: <i>Al Storvick</i>	
Additional Notes: <i>recording from 2:51:48 to 2:36:05 Total length: 00:15:42</i>	
Office Use Only: Recording No.: Length of Recording: minutes Number of Tracks:	