

Lockport Public Library

23 East Avenue, Lockport, New York 14094 * (716) 433-5935 * www.lockportlibrary.org

REQUEST FOR PHOTOGRAPH DUPLICATION

~ Polster Photograph Collection ~

This form must be completed and signed before the reproduction order can be processed.

Requestor's Name: _____ Requestor's Phone No.: _____

Requestor's E-mail: _____ Requestor's Mailing Address: _____

Photo ID Number	Digital				Professional Print	TOTAL Payment must be made at time of request. Make payable to Lockport Public Library.
	Saved to disk. \$1.00 per image.		Sent via email. \$1.00 per image.		\$30.00 for 1st print, \$20.00 for each additional print requested at the same time. Allow 2-4 weeks turnaround time.	
	JPEG	TIFF	JPEG	TIFF		
ALL SALES ARE FINAL. ORDERS ARE HELD FOR PICK-UP FOR 1 MONTH.			GRAND TOTAL:			
			Please indicate amount paid, method of payment, and date payment was made.			

By signing this form I understand and agree that:

- I agree to pay all charges that may be incurred with this request (including rush fees, extraordinary shipping, and the production of copy negatives that remain the property of the Library).
- The reproductions are provided for personal use only and shall not be used for profit or publication purposes.
- I will not publish, display, reproduce, or broadcast this material in any format without first obtaining written permission from Library. A "Request for Permission to Publish Library Photographs" form must be completed before any of these images can be published or broadcast in any medium.
- In providing photograph reproductions, the Library does not surrender its right to publish these items or to grant others permission to do so.
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I have read and agree to the above conditions. I understand that failure to comply with these rules may result in the denial of future requests for reproductions. If I am representing an organization, I am authorized to enter into this agreement on behalf of the organization named below and enter into this agreement on behalf of that organization and personally.

Signature of responsible party	Date
Name [please print]	Organization
Address	
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Staff initials: _____ Date: _____