

Olathe Public Library  
Request for Digital Photo Reproductions

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Specific use: \_\_\_\_\_

ID Number	Title	Resolution	Delivery method
OPL-			
OPL-			
OPL-			
OPL-			
OPL-			
OPL-			

Total number of images: \_\_\_\_\_ X \$15 = \$ \_\_\_\_\_

Processing fee + \$10 \_\_\_\_\_

= \$ \_\_\_\_\_

Payment must be made before photographs are shipped. Checks must be made payable to the Olathe Public Library.

I have read the **Statement of Permission Olathe Public Library Historic Photograph Collection Statement of Permission** and agree to the provisions therein.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_