PHOTOGRAPH REQUEST

$10 research fee required when this form is submitted.

Name:__________________________________________________________    Date:______________

Street Address:_________________________________________________________________________________________

City__________________________________________  State:__________________ Zip:____________

Preferred Phone: _________________________  Secondary Phone:________________________________________

Email Address:________________________________________________________________________________________

Are you a museum member? _____________

What format do you want these photos (circle one):  Digital or  Print

List the accession number of the photo(s) or a detailed description of what you are looking for (use back of page if needed):

What is your intended use for these photos?

*Please allow up to 60 days for your request to be filled.*

Photo Order #: _________________________    Report Sent: __________________________
Contract Sent: _________________________    Payment received: _________________________