



**Wenatchee Valley Museum & Cultural Center**  
**127 South Mission**  
**Wenatchee, Washington, 98801**  
**509.888.6240**

**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*

**-When do you need the photos by?** \_\_\_\_\_ ***\*Additional fees for turn around under 60 days***

**-What is your intended use for these photos?** *(You can select more than one)*

Book or Journal  Personal  Research Use  Online/Website  Advertising/Promotion

Film/Video  Exhibition  Other: \_\_\_\_\_

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

↓ INTERNAL USE ONLY ↓

Photo Order #: \_\_\_\_\_ Report Sent: \_\_\_\_\_

Contract Sent: \_\_\_\_\_ Payment received: \_\_\_\_\_