



PO Box 17775 Seattle, WA 98127

Email: archives@ballardhistory.org

Reproduction Request

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

By signing this form I understand and agree that:

1. The Ballard Historical Society retains all rights to the reproductions, including the right to grant others permission to reproduce the photographs.
2. The reproduction is provided for reference use only and may not be sold or duplicated for sale. It will not be given to other institutions, businesses, or private entities that provide photographs for the public.
3. I will not copy the requested reproduction/s in any form and by any means nor will I allow others to do so.
4. **I will not publish, display, reproduce, or broadcast this material in any format without first obtaining written permission from the Ballard Historical Society (BHS).** An Application for Permission form must be signed and returned to BHS before this image/s can be published or broadcast in any medium. I understand that permission for reproduction may be refused in cases of donor restriction and copyright law violation.
5. I assume all responsibility for questions of copyright or literary rights that might arise.
6. I agree to pay all charges that may be incurred with this request (including rush fees, shipping costs and the production of copy negatives that remain the property of BHS).
7. I agree to pay all usage fees that may be incurred when permission has been granted to publish or broadcast this material.

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.

Print: Name/Phone Number

Agency/Institution

Signature

Date



PO Box 17775 Seattle, WA 98127

Email: archives@ballardhistory.org

Reproduction Request

PLEASE PRINT

Name: _____ Date Ordered _____
 Company/Institution _____
 Address _____
 Phone _____ Fax _____ Email _____

REPRODUCTION COSTS

Qty.	Image #	Copy Type (i.e. b&w print, photocopy, etc)	Size*	Unit Cost	Total Cost

Note: All prints orders are glossy unless otherwise specified.
 A copy negative may be required in order to make a print. If applicable, add this fee to your reproduction costs.

Special Instructions _____

Reproduction Costs	\$ _____
Member Discount (15%)	\$ _____
Subtotal, Reproduction Costs	\$ _____

PHOTOGRAPH USE FEES

Image #	Qty. of Copies or Uses	Use Type	Total Use Fees

Subtotal, Use Fees \$ _____



PO Box 17775 Seattle, WA 98127

Email: archives@ballardhistory.org

Reproduction Request

SHIPPING AND HANDLING

Shipping Type	Cost
US Mail (First Class) @ \$5.00 per package 1 lb or less	
Overnight Delivery @ \$20.00 per package 2 lb or less	
Second Day Delivery @ \$20.00 per package 2 lb or less	
Rush Fee (see Fee Schedule)	
CD Rom @ \$1.50 each	

Subtotal, Shipping and Handling \$ _____

TOTAL COST \$ _____

*Make all checks and money orders payable to the **Ballard Historical Society**. No cash or credit cards please.
A \$25 fee will be charged on all returned checks.*

Digital Files*	
Operating system: __ Mac __ PC	File Name: _____
DPI: __ 72 __ 300 __ 600 ____ other _____	Format: __ TIFF __ PICT __ JPEG __ GIF __ other _____
Output: __ Floppy __ CDRom/PC-Mac ____ Email	

Order taken by _____

5/19/04