

UPPER MISSISSIPPI VALLEY DIGITAL IMAGE ARCHIVE IMAGE REPRODUCTION REQUEST

PATRON NAME _____

PHONE(S) _____

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MAILING ADDRESS _____

I agree to pay for the images I am requesting. If the images are published, displayed, or used in any public program I will give appropriate credit to the repository from which they originated. If the images are published I agree to provide said repository with a copy of the publication. Negatives created for reproduction remain the property of the Davenport Public Library.

(signature)

(date)

- I request the reproductions be mailed to me. I agree to pay the additional fee.
- I request that I be contacted when the reproductions are completed. I or my representative will come to the Davenport Public Library to pick up the reproductions.

Requesting UMVDIA File Name(s): *a separate listing may be attached

1) _____ 2) _____ 3) _____ 4) _____

Brief description of image(s): _____

Please mark your preferences below:

- Digital file format – circle preference: .tif .jpeg
- Photographic print [size limit 8.5 x 11”]
- Photocopy – circle preference: b&w color
- Slide (not available in-house)