

DATE

# Request for Reproduction Services

 /  / 

Name :

Organization :

Email :

Address :

City :

State :

Zip Code :

Phone :

## TERMS OF USE

Please check one :

☐

These reproductions are for **personal use** only. I agree to be legally responsible for any unauthorized copy, publication, or public display of the reproduction. I certify that the information on this form is correct. I have read and comply with the conditions established by the AHC in the Reproduction Policies and Procedures.

☐

These reproductions are for **publication and/or display**. I agree to be legally responsible for any unauthorized copy, publication, or public display of the reproduction. I certify that the information on this form is correct. I have read and comply with the conditions established by the AHC in the Reproduction Policies and Procedures.

Credit line for  
publication and display :

[Item #], Austin History Center, Austin Public Library

State how the AHC reproductions will be used (title of publication, publication dates, print run size, etc.) :

  


Images are not to be altered, published, or publicly displayed without permission of the AHC Photo Curator or the AHC Manager. I have read and agree to comply with the Reproduction Policies and Procedures.

Signature

Date

## FOR STAFF USE ONLY

Received by : Prepay : Order No : Notified :

 Y 
 N 

 @ 
☐

is granted, subject to photographic restrictions and the AHC Reproduction Policies and Procedures.

☐

is denied. Reason :

Date  
completed :

/

/

Staff signature

Date

# Request for Reproduction Services | AV Material

Due to a high volume of requests, turnaround time for orders is two weeks (large or complex orders may take longer).

Total number of items for reproductions :

Delivery :

- ☐ Email | FTP
- ☐ Pick up at AHC
- ☐ CD | DVD (+\$3)
- ☐ Flash drive 16GB (+\$6)
- ☐ Flash drive 64GB (+\$14)

Payment method :

- ☐ Credit Card
- ☐ Cash
- ☐ Invoice : # \_\_\_\_\_
- ☐ Check : # \_\_\_\_\_

Make checks payable to Austin Public Library

Total fees (from below) :

Sales tax (TX residents 8.25%) :

Microfilm | copy fees:

Mail | media fees:

TOTAL :

**Note:** Upon review of order submission, digitization estimate will be provided for customer approval. Final digitization fees may differ from estimate.

EXAMPLES	Item # / Title	Collection : As it appears on the label.	Timecode : For ordering clips.	TRT : Total running time.	Type of file : Screener (watermarked) or Access	Reproduction Fee : Consult reproduction price list.	Use Fee : Consult use fee sheet.	Permissions Only
	#r006. "Ask Livia Live!"	AR-2012-014	0:00:32 - 0:00:42	0:01:12	Access	\$204	\$300	<input type="checkbox"/>
	#r008	AR-2007-027		0:42:38	Screener	\$247	N/A	<input type="checkbox"/>
	Austin City Council Meeting, 4/25/02	AR-2012-002		3:30:20	Access	\$38	N/A	<input type="checkbox"/>
								<input type="checkbox"/>

	Item # / Title	Collection	Timecode	TRT	Type of File	Reproduction Fee	Use Fee	Permissions Only
1								<input type="checkbox"/>
2								<input type="checkbox"/>
3								<input type="checkbox"/>
4								<input type="checkbox"/>
5								<input type="checkbox"/>
6								<input type="checkbox"/>
7								<input type="checkbox"/>
8								<input type="checkbox"/>
9								<input type="checkbox"/>
10								<input type="checkbox"/>
11								<input type="checkbox"/>
12								<input type="checkbox"/>

Please number additional sheets.

Reproduction total :  
\$

Use total :  
\$

TOTAL FEES :

## Request for Reproduction Services | AV Material