

**DATE**

# Request for Reproduction Services

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Date

# Request for Reproduction Services

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Total fees (from below) :

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Microfilm | copy fees :

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Make checks payable to Austin Public Library

EXAMPLES	Item :	Collection :	Resolution :	Reproduction Fee :	Licensing Fee :	Permissions Only
	The item number as it appears on the label. For archival collections, indicate the box and folder. If you don't know the item number, provide a brief item description.	As it appears on the label.	Indicate 300dpi (standard) or other resolution.	Consult reproduction price list.	Consult licensing fee sheet.	
	#024. Box 4, Folder 2.	AR-2005-001	300dpi	\$5	N/A	<input type="checkbox"/>
	PICH-07882	HB - 1 st St. E. 2301			\$25	<input type="checkbox"/>
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PICA-01023	AF - Treaty Oak				<input checked="" type="checkbox"/>	

	Item	Collection	Resolution	Reproduction Fee	Licensing Fee	Permission Only
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5						<input type="checkbox"/>
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7						<input type="checkbox"/>
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9						<input type="checkbox"/>
10						<input type="checkbox"/>
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Please number additional sheets.

Reproduction total : \$  
 Licensing total : \$

**TOTAL FEES :**

# Request for Reproduction Services

	Item	Collection	Resolution	Reproduction Fee	Licensing Fee	Permissions Only
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Reproduction total :  
\$

Licensing total :  
\$

TOTAL FEES :