

Request for Reproduction or Use of Photographs

Name _____

Company or
Institution _____

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City _____ State _____ Zip _____

Phone(____) _____

Permission is requested for reproduction and use of photographs itemized below:

Statement of intended use:

I agree to abide by the conditions required by the St. Charles County Historical Society as stated on the SCCHS website.

Signature _____ Date _____

Photographic Duplication Fee Schedule*

Type of Reproduction	Fee
Photocopy (B&W)	\$0.50
Scanned Images (jpeg file @ 300 dpi) printed on copier paper	\$2.00
Scanned Images printed on photographic paper	\$4.00
Saved to CD or E-mailed	\$3.00
8 x 10 photograph if negative exists	\$20.00
8x10 photograph if no negative exists	\$40.00

There will be a \$5 per order shipping and mailing charge except where emailed.

Payment must accompany your order with checks made out to “St. Charles County Historical Society”

**Mail to: St. Charles County Historical Society
101 S. Main Street
St. Charles, MO. 63301**