

APPLICATION FOR PERMISSION TO
PHOTOGRAPH ITEMS FOR
REFERENCE AND RESEARCH
PURPOSES ONLY

Name: _____
Organization: _____
Address: _____
Telephone: (W) _____ (H) _____
Fax: _____ e-mail _____
The above requests permission to photograph the following:

Photographer Name: _____
Photographer Contact Information (if different from above): _____

Work is requested to be done on: Date _____ Time: _____
Will require _____ hours staff preparation. Will require _____ hours shooting. Total Hours: _____
Fee Schedule: The hourly rate is \$25 for non-members and \$15 for CCHS members. Fee may be adjusted if significant staff preparation time is required.

The intended use of the photograph(s):

If for publication, a **Publication Permission Form** must be completed and approved.

I understand that this/these photograph(s) may be used for study/research purposes only and that a request to publish, reproduce or exhibit this/these photograph(s) must be submitted in writing and receive written approval from Chester County Historical Society prior to publication, reproduction or display. I agree to abide by the terms and conditions of the regulations as set out in this form.

I, the undersigned, acknowledge receipt of CCHS policy for photographic reproduction and agree to all conditions therein.

Signature: _____ Date: _____
Approved by CCHS staff: _____ Date: _____