



PHOTO REPRINT REQUEST FORM

Photo Album #	Print or Page #	Description	Indicate # of prints		
			* 4 x 6	* 5 x 7	** 8 x 8 8 x 10 8 x 12

* Please be aware that some portion of the original may have to be cropped in order to maintain correct proportion when enlarging original.

** Unless indicated, size of original will be used to order the correct size print in order to maintain correct proportion when enlarging the print – some portion of original may need to be cropped.

Total Number of:

4" x 6" reprints: _____ @ \$ 7.50 each \$ _____

5" x 7" reprints: _____ @ \$ 10.00 each _____

8" x 8", 8" x 10", 8" x 12" reprints: _____ @ \$ 12.00 each _____

TOTAL DUE: _____ \$ _____

MAIL TO:

Name: _____

Address: _____

City, State, Zip: _____

Telephone #: _____ E-mail: _____

Please add me to the Metuchen-Edison Historical Society's mailing list.

PERMISSION FORM FOR PERSONAL USE REQUEST

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I have read and agree to abide by the conditions listed above:

Signature: _____ Date: _____

Approved by: _____ Date: _____