

## JOHNSON COUNTY MUSEUM REQUEST FOR REPRODUCTIONS

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Statement of Purpose (must be filled out): \_\_\_\_\_

### PHOTOGRAPH AND PHOTOCOPY REPRODUCTIONS

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**Service Fee:** \_\_\_\_\_

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**Total Due:** \_\_\_\_\_

**As a condition of being granted copies of the Museum's images/documents, I have read and agree to the Johnson County Museum Use Agreement. I confirm that copies will be used as indicated on this form. All fees must be paid in full before any orders will be processed.**

X Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Approval: \_\_\_\_\_

Date: \_\_\_\_\_

For more information, call 913-715-2550. Please note that orders will be processed by fax or mail only. Please Do Not Email. Print this form, fill out the information and mail/fax it with appropriate payment to:

**Johnson County Museum  
Attn: Assistant Curator  
6305 Lackman Road  
Shawnee, KS, 66217  
Fax: 913-715-2565**

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