Architectural Drawings Scan Request

Order taken by (staff): _____

Date ordered: (Mo/Day/Yr) ___/___/_____

Requester Name: ____________________________ (UW Dept. budget name/number): _______________________

Address: __________________________________ City: __________ State: ______ Zip:________

Phone: _________________________________   E-mail:  __________________________________________________

Please select method of delivery:

____   Online delivery [no additional charge]
____   Pickup (CD) at Special Collections [$11 fee]
____   Mail (CD) [$11 fee + shipping charges]

Please note the following information about associated fees:

• Current rate is $45/hour, billed in 15 minute increments
• $25 handling fee for architectural drawings covers drawing retrieval and encapsulation costs
• 15.6% University surcharge required for all reproduction orders
• Sales tax in Washington state as applicable

Reproduction Request Application and Agreement

This form must be completed and signed before the reproduction order can be processed.

By signing this form, you agree to the fees and the following conditions:

• Images may be copyrighted and are for personal reference only.
• You may not sell, reproduce, publish, display, broadcast, digitize, or distribute the images or copies of the Images, and you may not allow others to do so.
• Additional permissions are required for other (non-reference) uses. Please submit an Application for Permission form to Special Collections and receive a Letter of Permission in response to your request.

Please initial below:

____ I agree to pay all charges incurred with this request
____ Please provide estimate and seek approval before starting my order.

By signing below, I agreed to the above conditions and fees. If I am requesting images for a unit of the UW, a company, or organization, I have the authority to act on its behalf. I understand that failure to comply with these rules may result in the denial of future reproduction requests.

___________________________________________________  _______________________________________
(Print legibly)  Name/Phone number     Agency/Institution

___________________________________________________  _______________________________________
Signature        Date
PLEASE NOTE:
--All items must be assessed for condition prior to scanning.
--Digital images in COLOR and JPG format only. Paper copies are not available.
--NO RUSH service available. Please consult a staff member for current turnaround time.

<table>
<thead>
<tr>
<th>Tube/Folder</th>
<th>Description of Drawing</th>
<th>Sheet #</th>
<th>Drawing Date</th>
<th>UW ID (STAFF)</th>
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Special Instructions:
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Order # (staff): __________