## PHOTOCOPIED REPRODUCTIONS ORDER FORM

**RESEARCHER'S NAME (PRINT)** _____________________________________

**RESEARCHER'S ADDRESS** ___________________________________________

CITY __________________________ STATE _______ ZIP ______________________

**WORK TELEPHONE (____) __________________** **HOME TELEPHONE (____) __________________**

**EMAIL ADDRESS:** __________________________________________________

**RESEARCHER'S NAME (SIGNATURE)** ________________________________

**DATE ______________**

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**Total Number of Photocopies from Back**

**Total Number and Cost of Photocopies**

**Cost of Postage and Insurance**

**Total Cost**

**RETRIEVAL: ** __________ Will Wait __________ Will Pick Up __________ Please Mail

**ORDER TAKEN BY:** __________________________________________

(STAFF MEMBER'S NAME)

**RE-FILED BY:** __________________________________________

**DATE:** ________________________
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**TOTALS TO CARRY FORWARD**

**Patrons who have questions concerning photocopy requests and cannot request photocopies in person can contact us:**

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