

SAANICH ARCHIVES

PERMISSION FORM

Applicant

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ADDRESS:	
PHONE:	
E-MAIL:	

Images Requested

	REFERENCE CODE	TITLE
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Intended Use

<input type="checkbox"/> Exhibit or Display	<input type="checkbox"/> Printed publication	<input type="checkbox"/> Slide or Power Point	<input type="checkbox"/> Saanich sign/brochure
<input type="checkbox"/> Film or video	<input type="checkbox"/> Electronic publication	<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Research
Please describe your use or project below:			

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7. Any physical or electronic copies created must be destroyed upon completion of the project.

I, the undersigned, apply for permission to use the above listed images for the purpose stated and in accordance with the terms set by Saanich Archives:

Signature of Applicant	Date
Signature of Archives Staff	Date

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