Architectural Drawings Scan Request

Order taken by (staff):		Date ordered:	(Mo/Day/Yr)	
Requester Name:	(UW Dept. budge	et name/number	·):	
Address:	City:		State:	Zip:
Phone:	E-mail:			
Please select method of delivery:				
Online delivery [no addited] Pickup (CD) at Special Co Mail (CD) [\$11 fee + ship	ollections [\$11 fee]			
Please note the following informati	ion about associated fees:			
 \$25 handling fee for archite 	oilled in 15 minute increments ectural drawings covers drawing ret e required for all reproduction orden ate as applicable	•	sulation costs	
Re	eproduction Request Application	n and Agreeme	nt	
•	signed before the reproduction order the fees and the following conditions	•	sed.	
 You may not sell, reproducting lmages, and you may not a Additional permissions are 	d and are for personal reference online, publish, display, broadcast, digitizallow others to do so. required for other (non-reference) and receive a Letter of Permission i	uses. Please sub	omit an <i>Applica</i>	•
Please initial below:				
	s incurred with this request and seek approval before starting r	my order.		
	bove conditions and fees. If I am rec by to act on its behalf. I understand n requests.			
(Print legibly) Name/Phone numbe	<u> </u>	Agency/Institu	 ution	
Signature		 Date		

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Order # (staff):	
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- --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.

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Name of Project:						
ube/Folder	Description of Drawing	Sheet #	Drawing Date	UW ID (STAFF)		
pecial Instr	uctions:					
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SC-06 Oversize Materials Reproduction request; 5/2016 (blue)