Photography Request

Name: ___________________________ Date: ___________________________

Company: ___________________________

Address: ___________________________

Phone/Fax/email: ___________________________

Artist: ___________________________

Title: ___________________________ Acc #: ___________________________

Title of Publication: ___________________________

Author: ___________________________

Publisher: ___________________________

Contact Name and Telephone: ___________________________

Date of Publication: ____________ Print Run: ________ Distribution: ________

Topic of Publication and Brief Description of Context in which artwork will appear:
____________________________________________________________________________________

1. Format of image(s) requested:
   B & W: ___ 8 x 10” print
   Color: ___ 4 x 5” transparency (3 month rental only)
   ___ digital image (size and dpi preferences) ___
   ___ archival print

2. Use of photography: ___ Scholarly/Educational/Non-Profit ___ Commercial
   ___ Personal

3. Requesting photography for: ___ Reproduction/Publication
   ___ Research purposes only
   ___ Personal

In order to process your request for photographic images, please complete this application form and return via email, fax, or post ATTN: Erin Damon, Assistant Registrar, edamon@portlandmuseum.org

Rec’d____