

Musée Héritage Museum Archives Media Reproduction Form

Application is for:

—	Personal Use	Name
		Organization
—	Company/Organization	Address
—	Non-profit Organization	City/Province
e-mail		Postal Code
		Phone Number

List of Reference Numbers for Media Requested:

	<u>Accession Number</u>	<u>Format</u>		<u>Accession Number</u>	<u>Format</u>
1			8		
2			9		
3			10		
4			11		
5			12		
6			13		
7			14		

Description of Intended Use:

Date Requested: _____

Date Required: _____

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Date: _____