

**REQUEST FOR PERMISSION TO PUBLISH PHOTOGRAPHS**  
**OWNED BY THE LOCKPORT PUBLIC LIBRARY**  
*(including Polster and Sand collections)*

This form must be completed and signed before the photograph(s) can be published or publicly displayed.

I hereby request permission to publish the following photographs physically owned by the Lockport Public Library:

Photo ID #	Description (Polster, Sand, or Other; names of people or places, etc.)

I wish to publish or display the items in the following publication, web site, or exhibit:

\_\_\_\_\_

\_\_\_\_\_

By signing this form I understand and agree that:

- Permission is granted for one-time use for the purpose described above.
- The photographs described above may not be sold or given to any commercial agency, person, or organization.
- In permitting the use of the photographs, the Library does not surrender its own rights to use or grant others permission to use the photographs.
- The Library requests, and is appreciative of receiving, one complimentary copy of any published work (with the exception of genealogies)—in any format—in which the photographs appear. If published on a web site, the Library will receive the Internet address (URL) of the web site.
- When published or displayed, the photographs will display the following credit line: “Photograph courtesy of the Lockport Public Library, Lockport, New York.”
- The Library does not allow its images to be used out of context or modified in any way that affects the historical integrity of the image.
- All responsibility for possible copyright infringement arising from use of these photographs will be assumed by the requesting party.

*I have read and agree to the above conditions. I understand that failure to comply with these rules may result in the denial of future requests to publish/display photographs. If I am representing an organization, I am authorized to enter into this agreement on behalf of the organization named below and enter into this agreement on behalf of that organization and personally.*

\_\_\_\_\_  
 Signature of responsible party Date

Name [please print] \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone\_(\_\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

<b>Request approved by:</b>	<b>Date:</b>
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**Lockport Public Library 23 East Avenue, Lockport, New York 14094 (716) 433-5935 www.lockportlibrary.org**