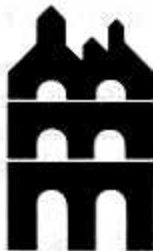


The Bucks County  
Historical Society  
84 South Pine Street  
Doylestown, PA 18901  
(215) 345-0210  
Fax: (215) 230-0823



Mercer Museum  
Spruance Library  
Fonthill Museum

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## ON-SITE PHOTOGRAPHIC PERMISSION REQUEST FORM

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Name \_\_\_\_\_ Date of Request \_\_\_\_\_

Address \_\_\_\_\_

Institutional Affiliation \_\_\_\_\_

Telephone: Home ( \_\_\_\_\_ ) Work ( \_\_\_\_\_ )

Purpose of photography requested: \_\_\_\_\_  
(Check any/all that apply) \_\_\_\_\_  
\_\_\_\_\_ Personal use only  
\_\_\_\_\_ Illustrate a scholarly paper or publication  
\_\_\_\_\_ Exhibition  
\_\_\_\_\_ Illustrate a commercial publication  
\_\_\_\_\_ Other commercial distribution  
\_\_\_\_\_ Identification or comparison with other material  
\_\_\_\_\_ Media project  
\_\_\_\_\_ Promote tourism  
\_\_\_\_\_ Artifact reproduction  
\_\_\_\_\_ School or university project  
\_\_\_\_\_ Other \_\_\_\_\_

Date and time requested \_\_\_\_\_ Site: Mercer Fonthill Spruance

Location \_\_\_\_\_

Type of image to be made: 35mm slide 35mm b&w/color 4x5 transp. 4x5 b&w/color video other \_\_\_\_\_

Crew size \_\_\_\_\_ Lights to be used \_\_\_\_\_ Total time needed \_\_\_\_\_

I hereby request permission to photograph on or within the premises of the Bucks County Historical Society as described above. I acknowledge that I have read the conditions on the back of this form and agree to them. Should this request be granted, I agree to pay any fees for which I will become liable or for which I may become liable should the use I intend for these photographic materials change. Further, I understand that permission to photograph on BCHS premises and the payment of any service fees DOES NOT convey permission to publish, and that separate application must be made for publication rights.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Request approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Subject to the following fees and/or special conditions:

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(BCHS use only) Non-commercial Use \_\_\_\_\_ Commercial Use \_\_\_\_\_ Public Relations Use \_\_\_\_\_  
Payment Received \_\_\_\_\_ Payment Method \_\_\_\_\_ Request Approved (Y/N) \_\_\_\_\_