



ORDER FORM 2

COPY ORDER

Please refer to our list of current charges for details of copying fees and postage and packing. Large or fragile documents are often unsuitable for copying. Please contact archive staff for advice. Publication or further reproduction is not permitted without the consent of the Collections Manager and where appropriate, the depositor or copyright owner.

Please complete this form in block capitals and return it to the archive office supplying your copies, with payment.

Please also sign the copyright declaration overleaf.

Your details

Name

Address

.....

Postcode Daytime telephone

E-mail

Details of copies required

Document or Library Reference number(s) and/or title(s)	Portion(s) to be copied	Other instructions (if any)

Numbers etc. (continued)	Portions (continued)	Other instructions

Type of copy required (Please tick)

Digital

Paper

For paper copies only (Please tick)

Black and white

Colour

Dispatch by: (Please tick)

Post

Collect

Copyright Declaration Form

Please supply me with a copy of the item(s), particulars of which are given overleaf, required by me for the purposes of research or private study. I declare that:

- a) I have not been supplied with a copy of the same material by you or any other archivist or librarian.
- b) I will not use the copy except for research for a non-commercial purpose or private study and will not supply a copy of it to any other person.
- c) To the best of my knowledge the work had not been published before the document was deposited in your archive and the copyright owner has not prohibited copying of the work. (For unpublished works)
- d) To the best of my knowledge no other person with whom I work or study has made or intends to make, at or about the same time as this request, a request for substantially the same material for substantially the same purpose. (For published works)

I understand that if the declaration is false in a material particular the copy supplied to me by you will be an infringing copy and that I shall be liable for infringement of copyright as if I had made the copy myself.

Signature **Date**

This must be the signature of the person making the request. A stamped or typewritten signature, or the signature of an agent, such as a record searcher, is not acceptable.

Data protection

West Yorkshire Archive Service collects your personal information in order to answer your enquiry and to compile anonymous statistical information about the use of our collections. We do not pass on your details to any other organisation, although we may send you information about our own products and services which may be of interest to you. Please tick here if you prefer not to receive such information.

For office use

No. of A4 copies	A3 copies	Date of order/initials/.....
Cost of copies .....	.....	Date order completed .....	.....
Handling charge .....	.....	Date notification sent .....	.....
Postage and packing .....	.....	Date of payment .....	.....
TOTAL COST OF ORDER .....	.....	Receipt/Account number .....	.....
		Date collected/posted .....	.....



Payment sheet (this will be destroyed after payment has been made)

Your name

Method of payment (Please tick and complete as appropriate)

I enclose a sterling cheque/international money order made payable to
Wakefield Metropolitan District Council

Please debit my Mastercard Visa Maestro Solo

Card number - - -

Switch issue no. Valid from /

Expiry date /

Card security code (last three digits on signature strip on reverse of card)

Amount of cheque/amount to be debited £

Signature

Date