



Copy Work Deposit Receipt

| | | |
|------------------------------------|-----------------------------|-------------------|
| Name of Depositor: | Job Title / Title: | Instit./Org.: |
| Address Type: | | |
| Address/ City/ Prov / Postal Code: | | |
| Tel Type: | E-mail Type: | |
| Tel: | Fax: | E-mail: |
| Purpose of Deposit: | Copy Work | |
| Temp No.: | Folder Name: | Storage Location: |
| Description | Total No. of Digital files: | |

Do you hold the Copyright to the material described above? Yes No N/A If not, who does? _____

Where Applicable, As owner of the object(s) described above, I hereby assign Copyright to the St. Catharines Museum for the:

Reproduction Rights (please *initial* if applicable) Exhibition Rights (please *initial* if applicable)

Depositor (if copyright holder) Title Date

I hereby state that I am the lawful owner of the material being deposited. This deposit is being made free and clear of any conditions. I furthermore give permission to the St. Catharines Museum to use any of the information contained herein for the purposes of, but not exclusive to, research, publication, exhibition, donor recognition, marketing, or museum fundraising.

Signature of Depositor Title (if applicable) Date

Signed on behalf of the St. Catharines Museum Title (if applicable) Date