



**Jacob Edwards Library**  
**236 Main Street**  
**Southbridge, MA 01550**  
**508-764-5426**

## **Image Request Form**

### **Contact Information:**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

### **Images Requested:**

**This is an image on file (e.g. Digital Commonwealth)**

**I already have the image(s) (Please attach pdf/thumbnaill)**

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Author:** \_\_\_\_\_

**Call number:** \_\_\_\_\_

**Other description:** \_\_\_\_\_

**Intended Use:**

Commercial

Non-commercial

**Check all that apply:**

Catalog

Scholarly Journal

Exhibition

Study Image

Periodical

Television/broadcast/film

Promotional Use

Textbook

Publication E-book

Website

Publication Print

Other: \_\_\_\_\_

**Publication Details:**

Title: \_\_\_\_\_

Author/editor: \_\_\_\_\_

Publisher: \_\_\_\_\_

Publication date: \_\_\_\_\_

URL: \_\_\_\_\_

Additional information: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Email completed form to Library Director at: [jelibrary@cwmar.org](mailto:jelibrary@cwmar.org)**