

Olive Free Library Duplication Request Form

Name of Applicant

First: _____ Last: _____

Address of Applicant

Street Address: _____

Address Line 2: _____

City: _____ State / Province / Region: _____

ZIP / Postal Code: _____ Country: _____

Phone: _____ Email: _____

Method of Delivery (Circle one)

Email Pickup Mail Expedited Deliver Service

Form of Duplication (Circle one)

B/W Photocopies Color Photocopies Digital File PDF

Other: _____

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By signing below, I indicate that I have read, and agree to comply with, the Olive Free Library [Duplication Policy and Fee Schedule](#) and the Copyright Information above.

Copyright Agreement*

Date: _____ Print Name: _____

Please Sign in box below and specify requested items on the back of this form

