



Application For Viewing and Reproducing Microfilm BSA Drawings

OFFICE USE ONLY
Job No: ___/____

1. Details

Name: _____	Search Ticket No: _____
Company/Institution name: _____	
Postal Address: _____	
Post code: _____	Contact Telephone: _____

2. Declaration

I request a copy/copies of the records/extracts listed below for the purpose of:

- Research
- Study
- With a view to publication (Include request for permission to publish)

I undertake that I will not use any copies supplied to me for any purpose other than the purpose specified above.

I understand that in some cases the physical condition of the records may prevent them from being copied.

I understand that no copies may be published or reproduced in any format without the written consent of the Keeper of Public Records.

Signature: _____	Date of request _____
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3. Delivery options

<input type="checkbox"/> Please post/DX	<input type="checkbox"/> Hold for collection
<input type="checkbox"/> Forward to PROV Ballarat	<input type="checkbox"/> Client-arranged courier

Copies held for 6 months only

4. Special Instructions

Office Use Only

Costings

Order registered
 Order completed
 Order posted/forwarded
 Order collected:
 Client-arranged Courier:
 Collected by Courier: Date

Number of Copies:.....
 @ .95 cents each.....
 Total _____
 Receipt No _____/_____

Invoice EFTPOS/Credit Cheque Cash

