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- Researchers agree to pay all fees associated with scanning and/or using the materials.

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Courtesy of the Trustees of the Haverhill Public Library, Special Collections Department.

Name of Researcher: _____

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Signature: _____ Date: _____

Gratuity (donation in addition to any usage fees): Yes No Amount: _____

Would you like an invoice? Yes No

The following to be completed by Haverhill Public Library staff.

Permission is granted with the following usage fees: \$ _____

Stipulations: _____

Permission Granted: Yes No

Signature of Granter: _____ Date: _____

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