|  |  |
| --- | --- |
| OSOS-archives | ***Division of Archives & Records Management****PO Box 40238*Olympia, WA 98504-0240 |

###### REQUEST FOR MICROFILM DUPLICATE & SCANNING

###### *Send completed form to* *securitymicrofilm@sos.wa.gov*

|  |
| --- |
| STATE/LOCAL GOVERNMENT NAME |
|       |
| DIVISION | DATE |
|       |       |
| CONTACT NAME      | PHONE NUMBER |
| BILLING CONTACT NAME AND E-MAIL ADDRESS      | PHONE NUMBER |
| BILLING ADDRESS AND/OR MAIL STOP      | SHIPPING ADDRESS      |
| QUANTITY | SERVICES | UNIT PRICE | UNIT | TOTAL |
|  | M-Type Cartridge | $3.50 | Per Cartridge |  |
|  | ANSI Clip | $1.25 | Per Clip |  |
|  | Magazine Clip | $1.25 | Per Clip |  |
|  | 16 mm Digitizing Whole Reel | .05 | Per Image |  |
|  | 35 mm Digitizing Whole Reel | .13 | Per Image |  |
|  | Image Enhancement | $65.00 | Per Hour |  |
|  | **16 mm Digital Conversion - Up To 25 Images No Charge (Multiple reels may incur hourly cost)** | $50.00 | Per Hour over 25 images |  |
|  | **35 mm Digital Conversion - Up To 25 Images No Charge (Multiple reels may incur hourly cost)**  | $50.00 | Per Hour over 25 images |  |
|  | 16 mm Microfilm Processing | $16.00 | Per Roll |  |
|  | 16 mm 100’ Diazo on Spool | $17.00 | Per Roll |  |
|  | **16 mm 215’ Diazo on Spool** | $25.00 | Per Roll |  |
|  | **35 mm x Diazo on Spool** | $22.50 | Per Roll |  |
|  | **16 mm x Silver on Spool** | $39.00 | Per Roll |  |
|  | **35 mm x Silver on Spool - Negative** | $39.00 | Per Roll |  |
|  | **35 mm x Silver on Spool - Positive** | $39.00 | Per Roll |  |
|  | **Microfiche Duplication** | $1.55 | Per Sheet |  |
|  | **Compact Disk** | $15.00 | Each |  |
|  | **Shipping and Handling (UPS Rates)** | Cost of Shipping +30% |  |  |
|  | **EXPEDITE SHIPPING** | $21.00  | Per Roll |  |
| RECORD SERIES, DATES, REEL #’s **[ ]**  SEE ATTACHED INVENTORY |
| STATE/LOCAL GOVERNMENT OFFICIAL SIGNATURE | STATE ARCHIVIST SIGNATURE |
| PRINT/TYPE NAME | PRINT/TYPE NAME |
| DATE | DATE |
| ***For Security Microfilm Use Only*** |
| Vault Location:  | Retrieved By: Date: |
| Received By: Date: | Returned to: Date: |