

**Photography in the**

**Art Gallery & Museum**

*Please ensure that this form is completed and signed by the applicant, then sent to Senior Curatorial Officer or Curatorial Officer for authorisation.*

# Name:

# Address:

# Telephone Number:

# E-mail Address:

# Institution:

# Reason for photographing work:

# Item to be photographed (for example, artist’s name, title of work, date):

# Accession No/s:

# Location (eg. in main gallery / temporary exhibition space / store):

# Type of photograph taken (eg. digital image / transparency):

# Approval of copyright holder obtained (please give details):

I confirm that this/these photograph/s is/are to be used solely for the purposes given above; the copyright will be credited to the copyright holder; and ownership of the photographed items will be credited to Leamington Spa Art Gallery & Museum (Warwick District Council)

# Signature of applicant:

# Print name:

# Date:

# Authorised by:

# Date: