



**Minnesota Historical Society**  
 345 Kellogg Blvd. West  
 St. Paul, MN 55102  
 (651) 259-3300

**Request for Permission to Exhibit or Broadcast Moving Images Footage from  
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**Requester:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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**Type of Use:** \_\_\_\_\_ **Date of Use:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Producer:** \_\_\_\_\_

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*(Attach continuation if necessary- See attached \_\_\_\_\_ page(s).)*

**I agree to abide by the conditions listed in the licensing agreement, and to pay the use fee, if applicable. I have been authorized to act on behalf of the producer.**

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*Date*

*form footage A*

4/7/2016