

**REQUEST FOR APPROVAL TO USE DIGITAL OR PHOTOGRAPHIC REPRODUCTIONS OF MATERIALS FROM THE ARCHIVES OF THE MAPLEWOOD PUBLIC LIBRARY**

TO: The Director of the Maplewood Public Library  
7550 Lohmeyer Ave.  
Maplewood, MO 63143

FROM: Name: \_\_\_\_\_  
(Individual, organization or business)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail \_\_\_\_\_

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Date