The Collections at Mystic Seaport: Copy Service

We can provide reproductions from a variety of sources in our library, including books and periodicals, manuscripts, and audio and video tapes. Please include all identifying information when filling out the form below.

Rates:

- Books, periodicals, transcripts and manuscripts: 0.50/page
- Processing fee*: $12.50 minimum, $50.00/hour

Please note:

- *A Processing fee will be charged for the amount of time required to collect and copy the requested materials. This fee is calculated on a 1/4 hour basis.
- Manuscripts, books and periodical will be done at the discretion of the librarians. Certain materials, because of their age and/or condition, may not be copied. Some manuscript items will be digitally scanned.
- Copies are provided for research purposes only.
- Photocopying services will conform to United States copyright law.
- Library policy provides that no more than 20% of any item or collection shall be reproduced.

To order copies, please print a copy of page 2 and fax to 860-572-5371 or email to collections@mysticseaport.org. You may telephone your order by calling 860-572-5367 on Wednesdays 2:00-5:00, Thursdays 10:00-5:00, and Fridays 10:00-3:00. To mail an order, please print a copy of this page and send it to Collections Research, Mystic Seaport, PO Box 6000, 75 Greenmanville Avenue, Mystic, CT 06355. If paying by check, please make it payable to Mystic Seaport Museum, Inc.
Copy Service Order Form

Please describe your photocopy order, including collection, title, author, year and folder, pages, subject matter, etc.

Requested by:

First Name: ____________________________ Last Name: ____________________________

Street Address: ____________________________

City, State, Zip: ____________________________

Telephone: ____________________________

E-Mail Address: ____________________________

Payment:

Method of Payment: Visa □

Name as it appears on credit card: ____________________________

Billing address: ____________________________

City: ____________________________ State: _______ Zip Code: _______

Country: ____________________________

Card Number: ____________________________ Exp Date (mm/yy): ____________________________