



**york museum trust**

The Collections Management  
Co-ordinator

York Museums Trust

York Art Gallery

Exhibition Square

York

YO1 7EW

# Image Use Enquiry

\* Denotes required fields

Name \*

---

Address \*

---

---

---

Daytime telephone number\*

---

Email address\*

---

What image do you want to use? \*

(Please include its name, date and museum accession number if you know it)

---

---

---

---

Where have you seen the image? \*

(On a website - please give the web address; at a museum; in a book or publication - please give details)

---

---

---

---

Would you like it in black and white or colour? \*

---

---

---

In what format would you like image, eg print, digital image?

---

---

---

What do you want to use the image for? \*

---

---

---

Please be aware that if the image you are interested in is available, you will be sent a full **Image Request** form to complete, requiring further details, before you receive your picture.