

**BOSTON STUDIO PROJECT
THUMBNAIL REQUEST FORM**

*Negative Number: _____ *Name Listed in Ledger: _____	<u>For Office Use Only</u> Type: _____ Size: _____
*Negative Number: _____ *Name Listed in Ledger: _____	<u>For Office Use Only</u> Type: _____ Size: _____
*Negative Number: _____ *Name Listed in Ledger: _____	<u>For Office Use Only</u> Type: _____ Size: _____
*Negative Number: _____ *Name Listed in Ledger: _____	<u>For Office Use Only</u> Type: _____ Size: _____
*Negative Number: _____ *Name Listed in Ledger: _____	<u>For Office Use Only</u> Type: _____ Size: _____

Customer Information:		
* Last Name: _____	*First Name: _____	
*Street: _____		
*City: _____	*State _____	Zip: _____
Province: _____		Country: _____
*Phone: _____		Email: _____

*Required Information! Orders will not be processed without this information. Return this form to the front desk at the Hruska Memorial Library or mail to: Hruska Memorial Library, Boston Studio Project, 399 No. 5th St., David City, NE, 68632 or contact us via email at orders@butlercountygallery.com.