

User Application

(Please use BLOCK LETTERS)

Surname, First name	Profession (optional)
Address	Nationality _____
Postal Code, City	Telephone, Email, Fax _____
Research Topic: 	
Purpose of Research:	
Academic <input type="checkbox"/> Student project <input type="checkbox"/> Term paper <input type="checkbox"/> Academic Degree <input type="checkbox"/> Dissertation <input type="checkbox"/> Article <input type="checkbox"/> Edition Other: _____	
Publication <input type="checkbox"/> Press <input type="checkbox"/> Television <input type="checkbox"/> Film <input type="checkbox"/> Book <input type="checkbox"/> Illustrated Book Other: _____	
Commercial <input type="checkbox"/> _____	
Private (no publication) <input type="checkbox"/> Local History <input type="checkbox"/> Genealogy Other: _____	
Official <input type="checkbox"/> Court <input type="checkbox"/> Administration <input type="checkbox"/> Other Institution _____	
School <input type="checkbox"/> Essay / Paper <input type="checkbox"/> Competition Other: _____	
If the research is carried out on behalf of another person or institution – name and address of the employer / client: 	

please turn over



1. I ask for permission to access the finding aids, archival records and other resources necessary for the treatment of the above topic in accordance with the archive's statutes and regulations.
2. I have read and understood the archive's statutes and regulations as well as the fee schedule. **Taking photographs is not permitted** – exceptions require a written permission. I am aware that a violation can result in the revocation of the permission and that I will be held responsible for the infringement of copyright and personal rights as well as legitimate third-party interests.
3. I undertake to deliver a **specimen copy** of every publication that has been created using records provided by the municipal archive to said archive unsolicited and free of charge.
4. In the evaluation and use of material from the municipal archive I agree to indicate the origin of the information by quoting the archive name and the shelfmarks of the used records.
5. I agree / don't agree with the disclosure of my research topic as well as my name and address to other users with similar research interests for consulting purposes.
6. I have read and understood the information about the use of personal data.

City, Date

Signature

(To be completed by the archive staff)

Fotografieregenehmigung liegt vor vom: _____ Scanauftrag liegt vor vom: _____ In Datenbank aufgenommen: _____ Lesesaalaufsicht: _____	Betreuende Archivarin / betreuender Archivar: _____ Gebühr: _____ Bemerkung: _____
--	---

Benutzte Archivalien (Signatur)

Name, Vorname

Datum:	Bestand:	Nummer: