

STATE OF MARYLAND  
MARYLAND STATE ARCHIVES  
350 ROWE BLVD  
ANNAPOLIS, MD 21401

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## Digitized Microfilm

**IMPORTANT:** Please use this form to place scanning orders for reels of microfilm from our *Special Collections* guide (<http://speccol.msa.maryland.gov/pages/speccol/index.aspx>) and/or our *Guide to Government Records* (<http://guide.msa.maryland.gov/pages/index.aspx>). These guides can provide the citation information needed to complete the required information on this form. For assistance, contact us by phone at 410-260-6487 or by email at [msa.helpdesk@maryland.gov](mailto:msa.helpdesk@maryland.gov).

Once we have completed your order, you may download a digital file (pdf, tif, jpeg, jpg2000) through links sent through our file transfer program. Email notification will be sent of availability.

### Fees

The non-refundable and non-transferrable fee is \$85.00 per reel of film.

**Please Note:** The Archives cannot provide digital copies of restricted records.

### Payment

Acceptable forms of payment include personal or corporate check or money order (payable to the Maryland State Archives), or major credit card (MasterCard or Visa). You may order in person at the Archives, by United States Mail, or by filling out and submitting the subsequent information by secure form.

If paying by credit card with this mail-in form, please complete the shipping information (bottom of page) and billing information (second page). If paying by personal or corporate check or money order, just complete the shipping information (bottom of page).

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\* Required

### PLEASE PROVIDE INFORMATION ABOUT THE MICROFILM REEL

Number of Copies Requested \*: \_\_\_\_\_

Special Collection/Series Name: \_\_\_\_\_

Collection/Series Number \*: \_\_\_\_\_ Microfilm Reel Number \*: \_\_\_\_\_

Additional Description: \_\_\_\_\_  
\_\_\_\_\_

Specific Instructions: \_\_\_\_\_  
\_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

### SHIPPING INFORMATION

Name (Print) \*: \_\_\_\_\_  
(first/middle/last)

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

City/State/Zip Code \*: \_\_\_\_\_

Telephone # \*: \_\_\_\_\_ Email \*: \_\_\_\_\_

**BILLING INFORMATION (if paying by card)**

Name (Print) \*: \_\_\_\_\_  
(first/middle/last)

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

City/State/Zip Code \*: \_\_\_\_\_

Credit Card # \*: \_\_\_\_\_ Credit Card (circle one) \*:  Visa  MasterCard

Expiration Date \*: \_\_\_\_\_  
(MM/YY) CVV (3 Numbers on Back) \*: \_\_\_\_\_