

# Application for publication/utilization permission



## General information

Application for publication and/or utilization permission for reproductions of archival documents from the Lower Austrian Provincial Archive

### Place of receipt

Amt der NÖ Landesregierung  
Abteilung NÖ Landesarchiv und NÖ Landesbibliothek  
Landhausplatz 1, Haus Kulturbezirk 4  
3109 St. Pölten  
Phone: 02742/9005-16264 oder 16255; Fax: DW 12052  
Email: [post.k2archiv@noel.gv.at](mailto:post.k2archiv@noel.gv.at)

## Applicant person or institution

Title  Ms  Mr  
Academic title as prefix \_\_\_\_\_  
First name \* \_\_\_\_\_  
Name \* \_\_\_\_\_  
Academic title as suffix \_\_\_\_\_  
Institution \_\_\_\_\_  
\_\_\_\_\_

## Address

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## Contact details

Phone \* \_\_\_\_\_  
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## Medium of publication/utilization

Publication  
Author \_\_\_\_\_  
Title \_\_\_\_\_  
Series \_\_\_\_\_  
Editor \_\_\_\_\_  
Year of publication \_\_\_\_\_  
Print run \_\_\_\_\_

Exhibition

Title \_\_\_\_\_

Place \_\_\_\_\_

Duration \_\_\_\_\_

Internet

Website \_\_\_\_\_

Duration \_\_\_\_\_

Miscellaneous

Type of presentation \_\_\_\_\_

Title \_\_\_\_\_

Purpose \_\_\_\_\_

Duration \_\_\_\_\_

## Archival documents

Please provide as detailed information as possible.

Signature	Title and date	Page / Sheet

## Note

Note \_\_\_\_\_

## Correspondence

I agree to electronic communication by email.

Please send all correspondence to the postal address mentioned above.

## Consent and references

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## General information

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### Transmission

Please save the completed form locally on your device and upload it, signed if necessary, in the "[General Application](#)" online form (please choose "Abteilung NÖ Landesarchiv und NÖ Landesbibliothek" as department).

## Signature

Date, Signature

\_\_\_\_\_

(not applicable for digital signature)

## Approval note (to be filled in by the Lower Austrian Provincial Archive)

ON \_\_\_\_\_

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