



Ezra Press Copyright Permissions Request Form

REQUESTOR INFORMATION

Requestor Name: _____

Legal Address: _____

Mailing Address: _____

Fax Number: _____

Phone Number: _____

Email Address: _____

Website Address: _____

Contact Person: _____

Contact Title: _____

WORKS INFORMATION

What is the name of the WORK you want to use? (Title, Author, ISBN, Publication Date)

USE INFORMATION

Number of words/pages; beginning word/ending word?

Any other information that will help us identify the material: _____

How will the material be used? (Title, Author, Description)

FOR PRINTED PUBLICATIONS

Proposed Publication Date: _____

Proposed Price: _____

Initial Print Run by Type: _____

Anticipated Total Printing: _____

FOR OTHER MEDIA (e.g. audio, electronic, broadcast, website)

Please provide full details: _____

Notes and Comments: _____

Please return your completed form to the address below, or by email.

Mailing Address: Ezra Press Copyright Requests PO Box 9 STN Main, Grimsby, ON, Canada. L3M 4G1

Email: authorinquiries@ezrainstitute.ca