

Copyright Permission Form

(The American Backflow Prevention Association completes the top portion)

Date: _____

Contact Person: _____

Address: _____

Phone Number: _____ Fax Number: _____

Article, figure or other item seeking to use:
(Include specific description of item and title and publication date of source.)

Stated use of item: _____

Authorized Signature: _____

Please complete the following and return the entire form to:
American Backflow Prevention Association, Post Office Box 3051, Bryan, TX 77805-3051 or fax to 409-862-7607. Thank you.

_____ grant(s) permission to use the above item(s)
(*Copyright Holder*)

in the manner described above with the following line:

Reprinted from _____, Copyright _____
(*Name of Source*) (*Year*)

by _____ . *Used by permission.*
(*Copyright Holder*)

Comments: _____

Authorized by:

Name

Title

Signature

Date

The above signed certifies that he/she is authorized to grant permission to use the item(s) described above.