

Town of Sudbury

Town Clerk's Office

Town Hall
322 Concord Road
Sudbury, MA 01776-1843
978-639-3351
Fax: 978-443-0264

clerk@sudbury.ma.us

November 12, 2010

Community Preservation Committee
278 Old Sudbury Road
Sudbury, MA 01776

Dear Committee Members:

I submit for your consideration, a proposal for a project to restore, preserve, protect, conserve and digitize twenty-two historic Town books and documents. These are irreplaceable public resources that are seriously threatened. The digital images of these documents would be utilized for public access. Included in this project are custom archival boxes for each document to complete the protective environment required for storage and prevent damage from handling.

Please find enclosed twelve (12) copies each of the following :

Project Submission Form

Descriptions of Treatments and Estimated Costs (Historic Records Attachment 1)

Letter from Maureen Valente, Town Manager, Award of Contract to NEDCC

Technical Bulletin 2 (Historic Records Attachment 2)

Technical Bulletin 3 (Historic Records Attachment 3)

Justification and Need:

Permanent records are by their nature, of historical and cultural importance to the Town. This project will provide as much permanent protection as possible for the repair and preservation of these historic records.

Benefit:

This project restores, preserves, protects and conserves unique historic Town documents which are irreplaceable public resources and are seriously threatened. In addition to conservation and preservation of the actual bound volumes of documents for posterity, this project funds the digitization of the documents. The scanning of these historic documents provides expanded public access to the information contained in the documents and in addition, allows the public to experience these historic manuscripts without causing any destruction or damage to the original writings. Scanning greatly

reduces, and in most cases, completely eliminates the need for the public to physically handle the documents, and will eventually allow access to them over the internet.

The preservation of historic documents qualifies for funding in the category of Historic Preservation in the Community Preservation Act, and Sudbury is well known for the quality of its ancient recordkeeping.

Consequences of Not Implementing/ Delaying Implementation:

Continued physical deterioration of historic records

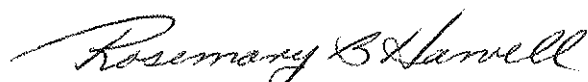
Other Pertinent Background Information:

As records custodians, Town Clerks are mandated to protect Municipal records from fire, flood, vandalism, theft and environmental damage. Sudbury is in the process of providing the treatment, restoration, conservation and digitization for nineteen historical records and upgrading the two existing vaults at the Town Hall with climate control, fire suppression and archival quality shelving. This proposed project will provide treatment and conservation for twenty-two additional historic documents and capture the digital images of these records for the Sudbury Archives.

The Town of Sudbury has a three year contract with Northeast Document Conservation Center in Andover Massachusetts. Fourteen books of records have been repaired, conserved and digitized and five additional books are currently being conserved and digitized at that facility. The digitized images of the completed volumes have been provided to the Director of the Goodnow Library who is working with Laura Scott Lowell to provide access to these digitized volumes on the Town Website in the Sudbury Historic Archives.

I appreciate the opportunity to submit this proposal. Thank you for your consideration.

Best Regards,



Rosemary B. Harvell
Town Clerk

Enclosures

TOWN OF SUDBURY COMMUNITY PRESERVATION COMMITTEE

PROJECT SUBMISSION FORM

Submitter: **Rosemary B. Harvell, Town Clerk** Submission Date: **November 12, 2010**

Submitter's address and phone number:
Town Hall
322 Concord Road, Sudbury, MA 01776
978-639-3359

Purpose (please select all that apply):
Historic

Submitter's email address: **harvellr@sudbury.ma.us**

Project Name: **Restoration and Preservation of Historic Town Records**

Project Description: **This project will restore, preserve, protect and conserve twenty-two historic Town documents which are unique public resources that are seriously threatened. The digitization of these documents will expand public access without endangering original materials. The digital images will be used as part of the expansion of the Sudbury Archives on the Town Website by the Goodnow Library Trustees and available through the Goodnow Library on disks.**

Costs:

Fiscal Year	Total Project Cost	CPC Funds Requested	Other Funding Sources (amount and source)
2010	\$117,000	\$117,000	n/a
2011			
2012			
2013			
2014			
Total	\$117,000	\$117,000	n/a

- **This project will restore, preserve, protect and conserve unique historic Town documents which are irreplaceable public resources that are seriously threatened.**
- **The scanning of these historic documents will provide expanded public access to the information contained in the documents and in addition, allow the public to experience these historic manuscripts without causing any destruction or damage to the original writings.**
- **This project will provide as much permanent protection as possible for the repair and preservation of these historic records. Included in this request are custom archival boxes for each volume to provide the protective environment required for storage and prevent damage from handling.**

For Community Preservation Committee Use:

Form Received on: _____

Project Presented to CPC on: _____

Reviewed by: _____

Determination: _____



TOWN CLERK
TOWN OF SUDBURY
SUDBURY, MASS
Office of Selectmen
Website: www.sudbury.ma.us

09 OCT -7 PM 1:02

278 Old Sudbury Road
Sudbury, Massachusetts 01776-1843
Tel: (978) 639-3381
Fax: (978) 443-0756
E-mail: selectmen@sudbury.ma.us

October 6, 2009

Ms. Barbara Chisholm
Town Accountant
Sudbury, MA 01776

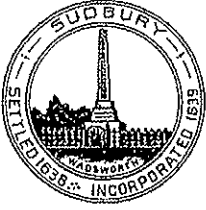
IN BOARD OF SUDBURY SELECTMEN
September 22, 2009
Historic Records Conservation - Contract Award

It was on motion unanimously

VOTED: To approve award of a three-year contract by the Town Manager to the eligible conservator under the criteria set forth in the RFP for Historic Records Conservation and Preservation, dated August 31, 2009, who offers the most advantageous base price for the services offered, subject to the concurrence of Town Counsel.

Attest: Maureen G. Valente
Maureen G. Valente
Town Manager-Clerk

cc: Town Treasurer
Town Counsel



Maureen G. Valente
Town Manager

TOWN OF SUDBURY TOWN CLERK
Office of the Town Manager SUDBURY, MASS

09 OCT -7 PM 1:02

278 Old Sudbury Road
Sudbury, Massachusetts 01776-1843
Tel: (978) 443-8891, x385
Fax: (978) 443-0756
E-mail: valentem@town.sudbury.ma.us

October 7, 2009

Deborah Wender, Director of Book Conservation
Northeast Document Conservation Center
100 Brickstone Square
Andover, MA 01810-1494

Re: Town of Sudbury – Historic Records Conservation and Preservation

Dear Ms. Wender:

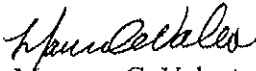
Pursuant to the recommendation of Town Clerk Rosemary Harvell, I am pleased to award the contract for the above-noted project to Northeast Document Conservation Center, pursuant to its Technical and Price Proposals and in accordance with the Request for Proposals and requirements thereunder issued by the Town of Sudbury.

Enclosed is an Agreement for Technical Services to be signed in triplicate. Once signed, please return two originals together with the Certificate of Vote to the Town to the attention of Town Counsel at 278 Old Sudbury Road, Sudbury, MA 01776.

Also, please arrange to have certificates of insurance meeting the requirements of the RFP and Agreement forwarded to Town Counsel.

Please refer any questions to Elaine Jones, Assistant to Town Counsel, at 978-639-3384.

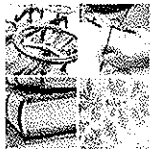
Very truly yours,


Maureen G. Valente,
Town Manager

CC: Town Clerk

Sudbury Historic Records Proposed for Conservation, Treatment Digitization CPC November 2010

<u>Name of Record</u>	<u>Recommended Treatment</u>	<u>Pages</u>	<u>Digitization</u>
Proprietors Records Volume 2, 1720-1805	\$6,980	360 pages	\$1,590
Proprietors of the New Grant	\$3,855	46 pages	\$184
List of Voters, 1793-1819	\$3,960	46 pages	\$230
Tax Lists 1825-1830	\$3,965	156 pages	\$624
Tax Lists 1831-1839	\$6,715	172 pages	\$688
Tax Lists 1840-1843	\$5,200	70 pages	\$280
Tax Lists 1844-1849	\$6,180	564 pages	\$2,256
Assessors Records 1778-1782	\$5,000	268 pages	\$1,072
Assessors Records 1780-1807	\$4,125	270 pages	\$1,080
Assessors Records 1798-1822	\$4,400	286 pages	\$1,144
Assessors Records 1791-1805	\$5,700	386 pages	\$1,544
Assessors Records 1812-1820	\$5,590	420 pages	\$1,680
Assessors Records 1810-1825	\$4,040	240 pages	\$960
Town of Sudbury, Church Records Of weekly meetings and copies of Covenants, 1728-1742	\$7,440	214 pages	\$856
Ezekiel Parmenter and Obediah Perry April 1, 1815 Indenture	\$1,365	4 pages	\$24
Sudbury School Committee Records 1890-1923	\$3,440	360 pages	\$1,440
Selectmen's Book of RecordsTown of Sudbury 1850-1871	\$5,125	294 pages	\$1,176
Overseers of the Poor 1866-1893	\$250 (box only)	260 pages	\$1,040
List of Soldiers in the Town of Sudbury 1840-1884	\$2,685	300 pages	\$1,200
Town Records 1858-1903	\$2,790	290 pages	\$1,160
Report of the Committee of Seven Codification of Town Bylaws 1892	\$250 (box only)	6 pages	\$24
Papers from Peter Noyes 1711-1770	\$6,350	324 pages	\$1,296
	\$94,905.00		\$21,548.00
	\$94,905.00		
	\$21,548.00		
	\$116,453.00	Total of Estimates	



NORTHEAST
DOCUMENT
CONSERVATION
CENTER

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 · fax 978-475-6021 · www.nedcc.org

Deborah Wender
Director of Book Conservation

Bill Veillette
Executive Director

RECEIVED FROM (Owner or Authorized Agent):
Town of Sudbury
322 Concord Road
Sudbury, MA 01776
Attention: Rosemary Harvell, Town Clerk

Date: August 24, 2010 MPB
Job #: 10.290B/I.1 of 22
Contact: Rosemary Harvell, Town Clerk
Telephone: 978/639-3359
Email: harvellr@sudbury.ma.us

Object: record book
Title/Bibliographic Information: Proprietors Records,
Volume 2, 1720 – 1805.

No. of Volumes: 1
No. of Pages: 360
Dimensions: 327 x 232 x 40mm

CONDITION ON RECEIPT:

The full cloth stationery case binding is dirty and worn and is not contemporary to the text. There is visible mold growth on the interior cloth hinges. The text block consists of pages with manuscript ink entries. Many folios have been guarded with silk. An "Emery Process" label is adhered to the front pastedown. The front flyleaf has been crudely mended with silk. The pages are dirty, discolored, acidic, and stained. Many pages have creased corners and small tears particularly at the edges. Some of the numerous manuscript inks present vary in intensity.

RECOMMENDED TREATMENT:

Provide written and photographic documentation of condition before and after treatment.
Reformat. (See separate estimate.)
Collate.
Surface clean pages where necessary to remove loose dirt.
Test solubility of inks.
Measure pH before and after treatment.
Disbind. (Remove sewing and separate sections).
Wash pages in water and ethanol to clean, reduce acidity of paper, and to remove silk.
Alkalize pages by immersion in a calcium hydroxide bath to protect paper from formation of acid in future.
Size paper with ½% gelatin.
Mend tears and guard folds with Japanese paper and starch paste.
Reassemble text and press to flatten.
Sew with linen thread.
Bind in cloth using a split-board structure.
Title. (Unless otherwise changed, title will appear as on attached sheet.)
Construct a CMI phase box to dimensions of volume. Title. (Unless otherwise changed, title will appear as on attached sheet.)

ESTIMATED COST OF RECOMMENDED TREATMENT not including options, insurance, delivery or other,
\$6,980.

It is understood and agreed between the parties to this agreement that the treatment may be modified or halted should new problems arise. After consultation with the Owner or Authorized Agent, a new estimate may be given if the problems are more difficult and time-consuming than apparent at first. **Estimate valid for 12 months.** OWNER'S STATEMENT OF INSURANCE VALUE: maximum liability limited to \$_____. Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here must be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage.

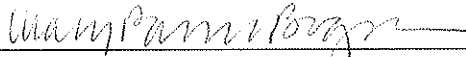
CONTINUED

Town of Sudbury
Job #: 10.290B/I.1 of 22
August 24, 2010
Page 2

THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s). The undersigned hereby grants permission to NEDCC to use the record of this treatment, including photographs, for its educational programs. AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to treat the above object(s). It is acknowledged that the undersigned has read and understands the estimate and all terms and conditions herein.

OWNER/AUTHORIZED AGENT
P.O. required? YES _____ NO _____

DATE



NORTHEAST DOCUMENT CONSERVATION CENTER
Mary Patrick Bogan

08/24/2010

DATE
ml

TITLE SHEET

Job No. 10.290 E/R . 1

Title information will appear on the spine/box as illustrated below. Any revisions should be made in the space provided.

Please note any revisions and return with the signed treatment authorization form. The recommended title will be used if the revision form is not returned.

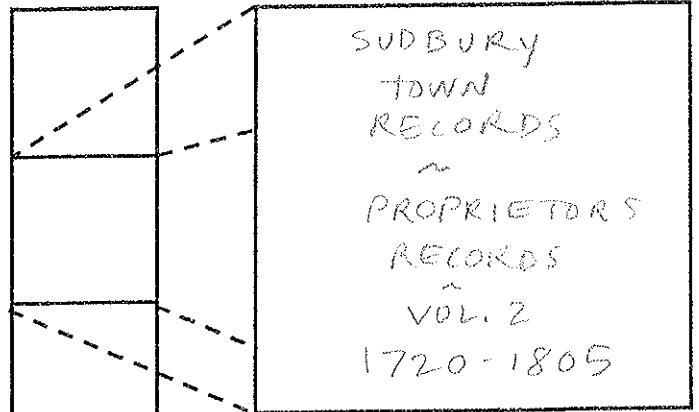
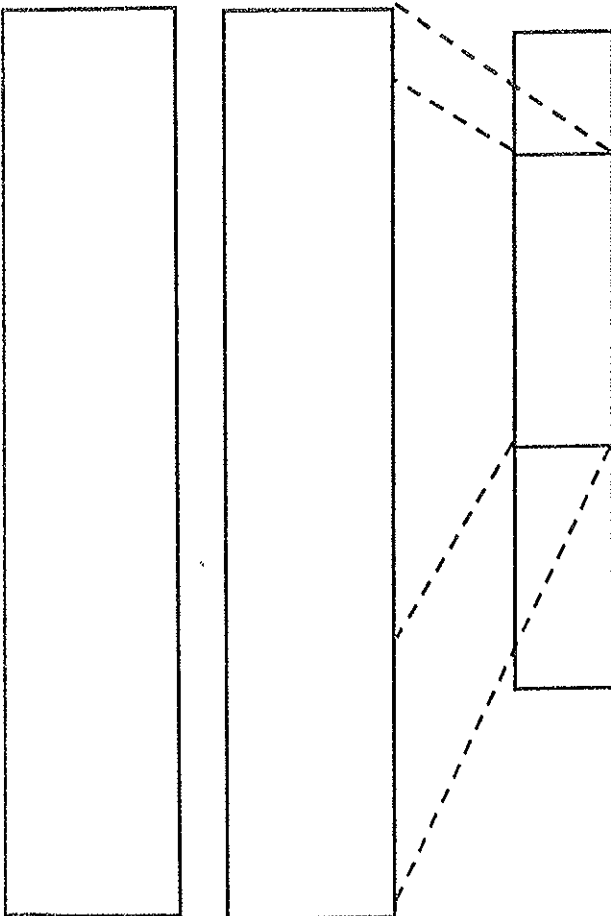
Vertical Title

Horizontal Title

Client's
revision
for vertical
and flat

Recommended
title

Recommended
title



Client's
revision

Horizontal Title for Volume Shelved Flat

Client signature: _____

Bill Veillette
Executive Director



NORTHEAST DOCUMENT CONSERVATION CENTER

David Mathews
Director of Imaging
dmathews@nedcc.org

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Client: Town of Sudbury
322 Concord Road
Sudbury, Ma 01776

Date: 08/25/10
Job Number: 10.290B_I.1

Phone: 978/639-3359

Fax:

E-Mail: harvellr@sudbury.ma.us

Attention: Rosemary Harvell
Object(s): record book
Title: Proprietors Records, Volume 2, 1720-1805
Dimensions: 327 x 232 x 40mm
No. of Pages: 360
Condition: Digital estimate is based on the conservation treatment proposed by the book lab.
Proposal: Imaging services will provide high resolution 300 ppi, 48 bit, RGB TIFF files and deliverable(s).
Joint Client w/: Book

Digital Services Estimate

Digital Capture:

High Resolution Digital Capture:	<u>4.00</u>	Total image(s)	<u>360</u>	<u>\$1,440.00</u>
Based upon estimate of pages, actuals may vary				
* File Identification:	<u>volume and page #</u>			<i>please specify</i>
	* necessary in order to complete estimate			
Image File Delivery:	CD/DVD <input type="checkbox"/>	ExHD <input checked="" type="checkbox"/>		<u>\$ 150.00</u>
Shipping:			Billed @ cost	
			Total Estimate	<u>\$1,590.00</u>

It is understood and agreed between the parties of this document that imaging may be modified or halted should it prove difficult to meet original specifications. After consultation with the Owner or Authorized Agent, a new estimate will then be presented to reflect revised specifications.

ESTIMATED COST OF DUPLICATION not including insurance, delivery or other, \$ _____ OWNER'S STATEMENT of INSURANCE VALUE: maximum liability limited to \$ _____
Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here MUST be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage

AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to film the above object(s) as proposed herein. All duplication will be done for the account and at the risk of the Owner without liability to the NORTHEAST DOCUMENT CONSERVATION CENTER for negligence or otherwise. Bills are payable upon receipt. Objects must be picked up within 30 days after work is completed, unless alternate arrangements are made. Estimate valid for 6 months.

OWNER OR AUTHORIZED AGENT DATE

NORTHEAST DOCUMENT CONSERVATION CENTER
David Mathews

8/25/2010
DATE

Purchase order required? Yes _____ No _____ # _____

Please sign white copy and return to NEDCC
Cc: Registrar's Files



NORTHEAST
DOCUMENT
CONSERVATION
CENTER

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Deborah Wender
Director of Book Conservation

Bill Veillette
Executive Director

RECEIVED FROM (Owner or Authorized Agent):

Town of Sudbury
322 Concord Road
Sudbury, MA 01776
Attention: Rosemary Harvell, Town Clerk

Date: August 24, 2010 MPB
Job #: 10.290B/I.2 of 22
Contact: Rosemary Harvell, Town Clerk
Telephone: 978/639-3359
Email: harvellr@sudbury.ma.us

Object: record book
Title/Bibliographic Information: Proprietors of the New Grant

No. of Volumes: 1
No. of Pages: 46
Dimensions: 355 x 243 x 11mm

CONDITION ON RECEIPT:

The full cloth stationery case binding is dirty and worn and is not contemporary to the text. There appears to be some slight mold growth on the internal cloth hinges. The text block consists of leaves with manuscript ink entries that have been lined with silk on both sides. An "Emery Process" label is adhered to the front pastedown. Each silked leaf is edged with a paper "frame." The pages are dirty, discolored, and acidic. There are a few areas where the pages are laced as a result of heavy applications of acidic iron gall ink. The edges of some of the pages have small tears; there are several losses.

RECOMMENDED TREATMENT:

Provide written and photographic documentation of condition before and after treatment.
Reformat. (See separate estimate.)
Collate.
Disbind. Remove sewing and separate into single leaves.
Wash pages in water to clean, reduce acidity of paper, and to remove the silk and paper.
Alkalize pages by immersion in a calcium hydroxide bath to protect paper from formation of acid in future.
Mend tears only where necessary with Japanese paper and wheat starch paste.
Reassemble text and press to flatten.
Encapsulate each leaf in polyester film.
Bind in cloth using a post-binding structure.
Title. (Unless otherwise changed, title will appear as on attached sheet.)
Construct a CMI phase box to dimensions of volume. Title. (Unless otherwise changed, title will appear as on attached sheet.)

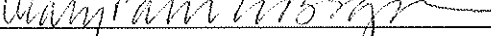
ESTIMATED COST OF RECOMMENDED TREATMENT not including options, insurance, delivery or other,
\$3,855.

It is understood and agreed between the parties to this agreement that the treatment may be modified or halted should new problems arise. After consultation with the Owner or Authorized Agent, a new estimate may be given if the problems are more difficult and time-consuming than apparent at first. **Estimate valid for 12 months.** OWNER'S STATEMENT OF INSURANCE VALUE: maximum liability limited to \$_____. Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here must be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage.

THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s).

Town of Sudbury
Job #: 10.290B/1.2 of 22
August 24, 2010
Page 2

THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s). The undersigned hereby grants permission to NEDCC to use the record of this treatment, including photographs, for its educational programs. AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to treat the above object(s). It is acknowledged that the undersigned has read and understands the estimate and all terms and conditions herein.

OWNER/AUTHORIZED AGENT	DATE		08/24/2010
P.O. required? YES _____ NO _____	# _____	NORTHEAST DOCUMENT CONSERVATION CENTER	DATE
		Mary Patrick Bogan	ml

TITLE SHEET

Job No. 10.290 P/I . 2

Title information will appear on the spine/box as illustrated below. Any revisions should be made in the space provided.

Please note any revisions and return with the signed treatment authorization form. The recommended title will be used if the revision form is not returned.

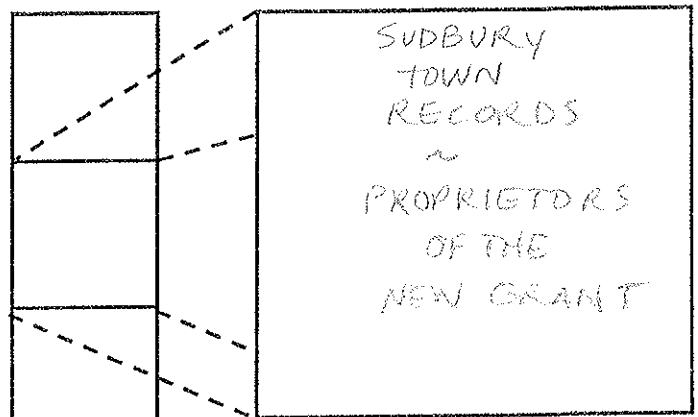
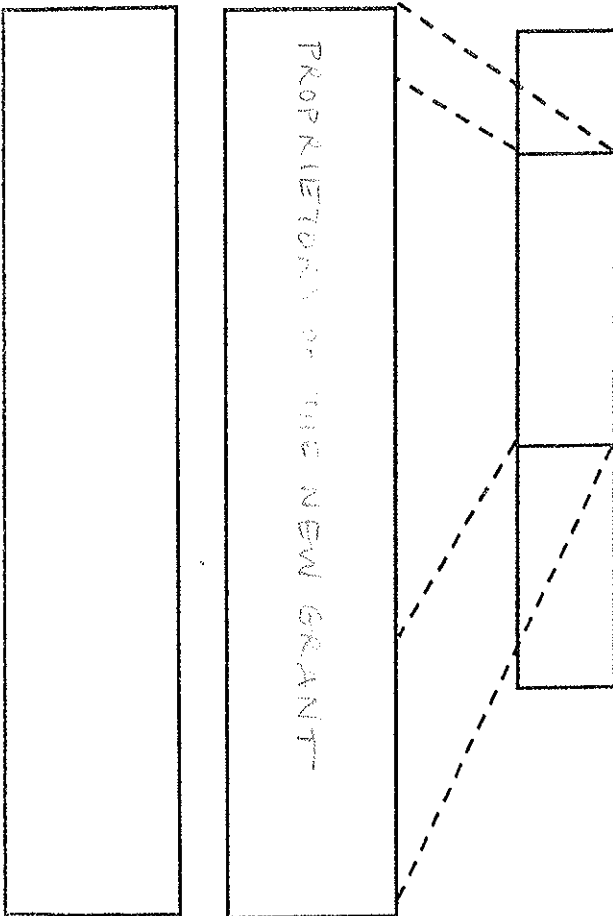
Vertical Title

Horizontal Title

Client's
revision
for vertical
and flat

Recommended
title

Recommended
title

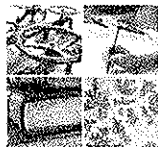


Client's
revision

Horizontal Title for Volume Shelved Flat

Client signature: _____

Bill Veillette
Executive Director



NORTHEAST DOCUMENT CONSERVATION CENTER

David Mathews
Director of Imaging
dmathews@nedcc.org

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Client: Town of Sudbury
322 Concord Road
Sudbury, Ma 01776

Date: 08/25/10
Job Number: 10.290B_1.2

Phone: 978/639-3359

Fax:

E-Mail: harvellr@sudbury.ma.us

Attention: Rosemary Harvell
Object(s): record book
Title: Proprietors of the New Grant
Dimensions: 355 x 243 x 11mm
No. of Pages: 46
Condition: Digital estimate is based on the conservation treatment proposed by the book lab.
Proposal: Imaging services will provide high resolution 300 ppi, 48 bit, RGB TIFF files and deliverable(s).
Joint Client w/: Book

Digital Services Estimate

Digital Capture:

High Resolution Digital Capture:	<u>4.00</u>	Total image(s) <u>46</u>	<u>\$184.00</u>
Based upon estimate of pages, actuals may vary			

* File Identification: volume and page #
* necessary in order to complete estimate

please specify

Image File Delivery: CD/DVD ExHD

Shipping:

Billed @ cost

Total Estimate \$184.00

It is understood and agreed between the parties of this document that imaging may be modified or halted should it prove difficult to meet original specifications. After consultation with the Owner or Authorized Agent, a new estimate will then be presented to reflect revised specifications.

ESTIMATED COST OF DUPLICATION not including insurance, delivery or other, \$

OWNER'S STATEMENT of INSURANCE VALUE: maximum liability limited to \$

Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here MUST be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage

AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to film the above object(s) as proposed herein. All duplication will be done for the account and at the risk of the Owner without liability to the NORTHEAST DOCUMENT CONSERVATION CENTER for negligence or otherwise.

Bills are payable upon receipt. Objects must be picked up within 30 days after work is completed, unless alternate arrangements are made.

Estimate valid for 6 months.

OWNER OR AUTHORIZED AGENT

DATE

NORTHEAST DOCUMENT CONSERVATION CENTER
David Mathews

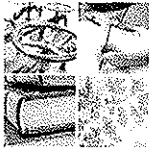
8/25/2010

DATE

Purchase order required? Yes _____ No _____ #

Please sign white copy and return to NEDCC

Cc: Registrar's Files



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DOCUMENT
CONSERVATION
CENTER

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Deborah Wender
Director of Book Conservation

Bill Veillette
Executive Director

RECEIVED FROM (Owner or Authorized Agent):
Town of Sudbury
322 Concord Road
Sudbury, MA 01776
Attention: Rosemary Harvell, Town Clerk

Date: August 24, 2010 MPB
Job #: 10.290B/I.3 of 22
Contact: Rosemary Harvell, Town Clerk
Telephone: 978/639-3359
Email: harvellr@sudbury.ma.us

Object: record book
Title/Bibliographic Information: List of Voters, 1793 – 1819.

No. of Volumes: 1
No. of Pages: 46
Dimensions: 374 x 455 x 18mm

CONDITION ON RECEIPT:

The full cloth case binding is dirty and worn and is not contemporary to the text. The text block consists of leaves of varying size with manuscript ink entries. Leaves have been guarded to silk stubs. The silk stubs have been machine-sewn with compensation guards. Some of the leaves are oversize and folded. Some of the folded sections are additions adhered to the text leaf with spots of sealing wax. Leaves appear to have been previously folded, and many folds have been mended with silk. The pages are dirty, discolored, acidic and stained. The edges have small tears.

RECOMMENDED TREATMENT I:

Provide written and photographic documentation of condition before and after treatment.
Reformat. (See separate estimate.)
Collate.
Surface clean pages where necessary to remove loose dirt.
Test solubility of inks.
Measure pH before and after treatment.
Disbind. Remove sewing and separate into single leaves.
Wash pages in water and ethanol to clean, reduce acidity of paper and to remove silk.
Alkalize pages by immersion in a calcium hydroxide bath to protect paper from formation of acid in future.
Size paper with ½% gelatin.
Mend tears only where necessary or line leaves with Japanese paper and starch paste.
Reassemble text and press to flatten.
Encapsulate each leaf in polyester film. Size of volume will increase as folded materials will be encapsulated flat.
Bind in cloth using a post-binding structure.
Title. (Unless otherwise changed, title will appear as on attached sheet.)
Construct a CMI phase box to dimensions of volume. Title. (Unless otherwise changed, title will appear as on attached sheet.)

ESTIMATED COST OF RECOMMENDED TREATMENT I not including options, insurance, delivery or other,
\$3,805.

RECOMMENDED TREATMENT II:

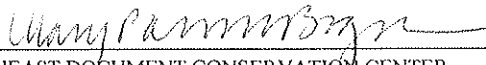
Provide written and photographic documentation of condition before and after treatment.
Reformat. (See separate estimate.)

CONTINUED

- Collate.
- Surface clean pages where necessary to remove loose dirt.
- Test solubility of inks.
- Measure pH before and after treatment.
- Disbind. Remove sewing and separate into single leaves.
- Wash pages in water and ethanol to clean, reduce acidity of paper and to remove silk.
- Alkalize pages by immersion in a calcium hydroxide bath to protect paper from formation of acid in future.
- Size paper with 1/2% gelatin.
- Mend tears only where necessary or line leaves with Japanese paper and starch paste.
- Guard into folios with Japanese paper and starch paste.
- Reassemble text and press to flatten.
- Sew with linen thread.
- Bind in cloth using a case structure.
- Title. (Unless otherwise changed, title will appear as on attached sheet.)
- Construct a CMI phase box to dimensions of volume. Title. (Unless otherwise changed, title will appear as on attached sheet.)

ESTIMATED COST OF RECOMMENDED TREATMENT II not including options, insurance, delivery or other,
\$3,960.

It is understood and agreed between the parties to this agreement that the treatment may be modified or halted should new problems arise. After consultation with the Owner or Authorized Agent, a new estimate may be given if the problems are more difficult and time-consuming than apparent at first. **Estimate valid for 12 months.**
OWNER'S STATEMENT OF INSURANCE VALUE: maximum liability limited to \$ _____. Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here must be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage.
THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s).
THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s). The undersigned hereby grants permission to NEDCC to use the record of this treatment, including photographs, for its educational programs. AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to treat the above object(s). It is acknowledged that the undersigned has read and understands the estimate and all terms and conditions herein.

_____ OWNER/AUTHORIZED AGENT P.O. required? YES _____ NO _____		_____ DATE # _____	 _____ NORTHEAST DOCUMENT CONSERVATION CENTER Mary Patrick Bogan	_____ DATE ml
--	--	--------------------------	---	---------------------

TITLE SHEET

Job No. 10.290 6/I.3

Title information will appear on the spine/box as illustrated below. Any revisions should be made in the space provided.

Please note any revisions and return with the signed treatment authorization form. The recommended title will be used if the revision form is not returned.

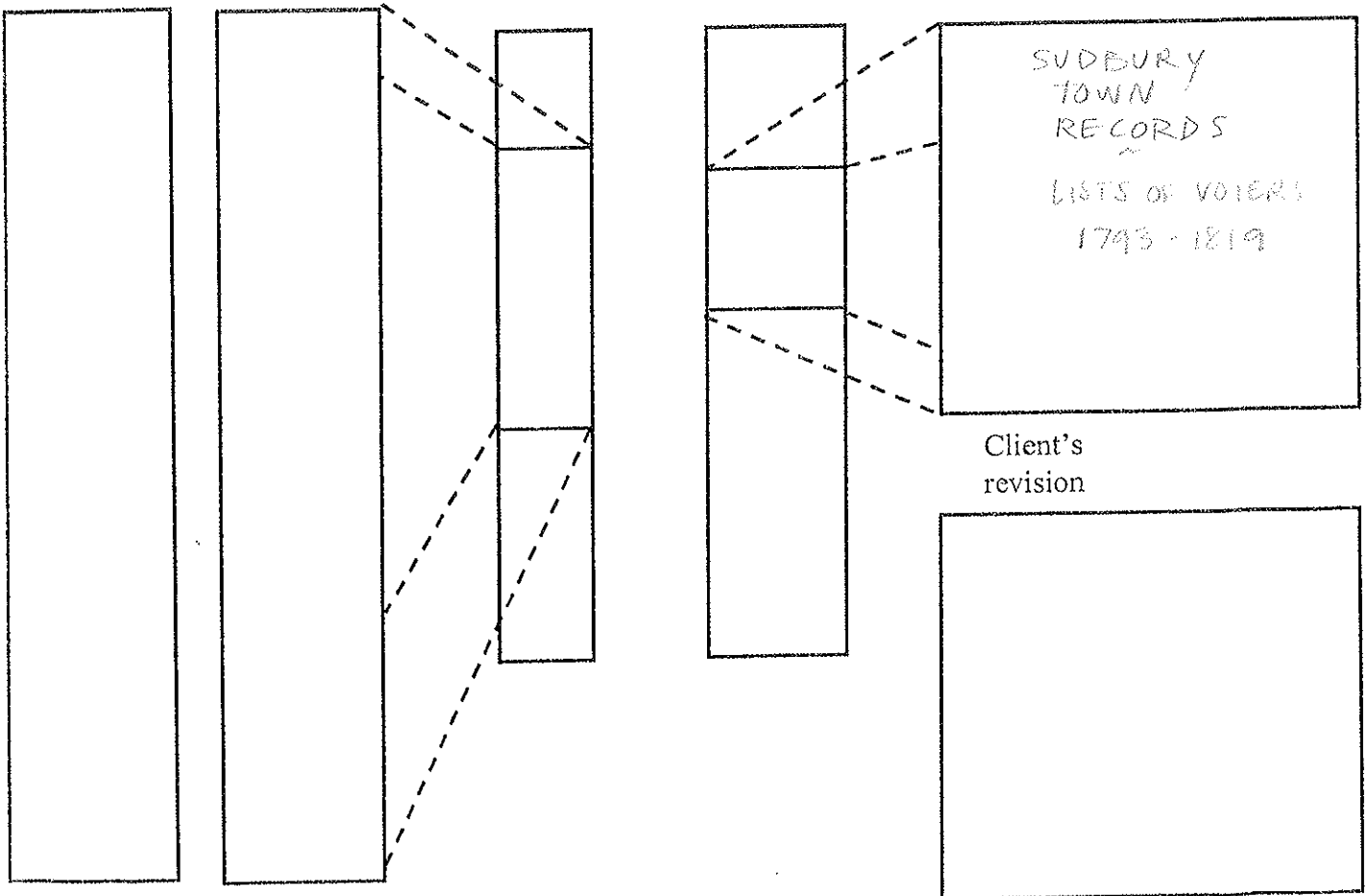
Vertical Title

Horizontal Title

Client's
revision
for vertical
and flat

Recommended
title

Recommended
title



Horizontal Title for Volume Shelved Flat

[Empty box for horizontal title for volume shelved flat]

Client signature: _____

Bill Veillette
Executive Director



David Mathews
Director of Imaging
dmathews@nedcc.org

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Client: Town of Sudbury
322 Concord Road
Sudbury, Ma 01776

Date: 08/25/10
Job Number: 10.290B_I.3

Phone: 978/639-3359

Fax:

E-Mail: harvellr@sudbury.ma.us

Attention: Rosemary Harvell
Object(s): record book
Title: List of Voters, 1793-1819
Dimensions: 374 x 455 x 18mm
No. of Pages: 46

Condition: Digital estimate is based on the conservation treatment proposed by the book lab.
Proposal: Imaging services will provide high resolution 240 ppi, 48 bit, RGB TIFF files and deliverable(s).
Joint Client w/: Book

Digital Services Estimate

Digital Capture:

High Resolution Digital Capture:	<u>5.00</u>	Total image(s)	<u>46</u>	<u>\$230.00</u>
Based upon estimate of pages, actuals may vary				
* File Identification:	<u>volume and page #</u>			<i>please specify</i>
	* necessary in order to complete estimate			
Image File Delivery:	CD/DVD <input type="checkbox"/>	ExHD <input checked="" type="checkbox"/>		
Shipping:		Billed @ cost		
		Total Estimate		<u>\$230.00</u>

It is understood and agreed between the parties of this document that imaging may be modified or halted should it prove difficult to meet original specifications. After consultation with the Owner or Authorized Agent, a new estimate will then be presented to reflect revised specifications.

ESTIMATED COST OF DUPLICATION not including insurance, delivery or other, \$ _____ OWNER'S STATEMENT of INSURANCE VALUE: maximum liability limited to \$ _____
Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here MUST be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage

AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to film the above object(s) as proposed herein. All duplication will be done for the account and at the risk of the Owner without liability to the NORTHEAST DOCUMENT CONSERVATION CENTER for negligence or otherwise. Bills are payable upon receipt. Objects must be picked up within 30 days after work is completed, unless alternate arrangements are made. Estimate valid for 6 months.

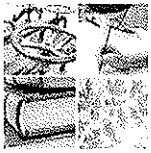
OWNER OR AUTHORIZED AGENT DATE

NORTHEAST DOCUMENT CONSERVATION CENTER
David Mathews

8/25/2010
DATE

Purchase order required? Yes _____ No _____ # _____

Please sign white copy and return to NEDCC
Cc: Registrar's Files



NORTHEAST
DOCUMENT
CONSERVATION
CENTER

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Deborah Wender
Director of Book Conservation

Bill Veillette
Executive Director

RECEIVED FROM (Owner or Authorized Agent):

Town of Sudbury
322 Concord Road
Sudbury, MA 01776
Attention: Rosemary Harvell, Town Clerk

Date: August 24, 2010 MPB
Job #: 10.290B/1.4 of 22
Contact: Rosemary Harvell, Town Clerk
Telephone: 978/639-3359
Email: harvellr@sudbury.ma.us

Object: record book
Title/Bibliographic Information: Tax Lists, 1825 – 1830.

No. of Volumes: 1
No. of Pages: 156
Dimensions: 337 x 220 x 19mm

CONDITION ON RECEIPT:

The full cloth case binding is dirty and worn and is not contemporary to the text. The text block consists of pages with entries in manuscript ink and graphite pencil. The page size varies slightly. Edges are not trimmed. The pages are dirty, discolored, acidic, and stained. A few folios have been guarded with silk. The first and last leaf are tipped to heavy endleaves, and have pulled away from the text block. An "Emory Press" label is adhered to the front pastedown. Some of the pages have small tears particularly at the edges.

RECOMMENDED TREATMENT:

Provide written and photographic documentation of condition before and after treatment.
Reformat. (See separate estimate.)
Collate and paginate.
Surface clean where necessary to remove loose dirt.
Test solubility of inks.
Measure pH before and after treatment.
Disbind. Remove sewing and separate sections.
Wash pages in water and ethanol to clean, reduce acidity of paper, and to remove silk.
Alkalize pages by immersion in a calcium hydroxide bath to protect paper from formation of acid in future.
Size paper with ½% gelatin.
Mend tears and guard folds with Japanese paper and starch paste.
Reassemble text and press to flatten.
Sew linen thread.
Bind in cloth using a case structure.
Title. (Unless otherwise changed, title will appear as on attached sheet.)
Construct a CMI phase box to dimensions of volume. Title. (Unless otherwise changed, title will appear as on attached sheet.)

ESTIMATED COST OF RECOMMENDED TREATMENT not including options, insurance, delivery or other,
\$3,965.

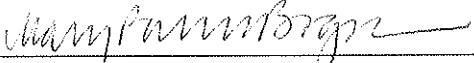
It is understood and agreed between the parties to this agreement that the treatment may be modified or halted should new problems arise. After consultation with the Owner or Authorized Agent, a new estimate may be given if the problems are more difficult and time-consuming than apparent at first. **Estimate valid for 12 months.** OWNER'S STATEMENT OF INSURANCE VALUE: maximum liability limited to \$_____. Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here must be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage.

THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s).

CONTINUED

Town of Sudbury
Job #: 10.290B/I.4 of 22
August 24, 2010
Page 2

THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s). The undersigned hereby grants permission to NEDCC to use the record of this treatment, including photographs, for its educational programs. AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to treat the above object(s). It is acknowledged that the undersigned has read and understands the estimate and all terms and conditions herein.

<hr/>			<hr/>
OWNER/AUTHORIZED AGENT	DATE	NORTHEAST DOCUMENT CONSERVATION CENTER	08/24/2010
P.O. required? YES <input type="checkbox"/> NO <input type="checkbox"/>	# _____	Mary Patrick Bogan	ml

TITLE SHEET

Job No. 10.290 B/I .4

Title information will appear on the spine/box as illustrated below. Any revisions should be made in the space provided.

Please note any revisions and return with the signed treatment authorization form. The recommended title will be used if the revision form is not returned.

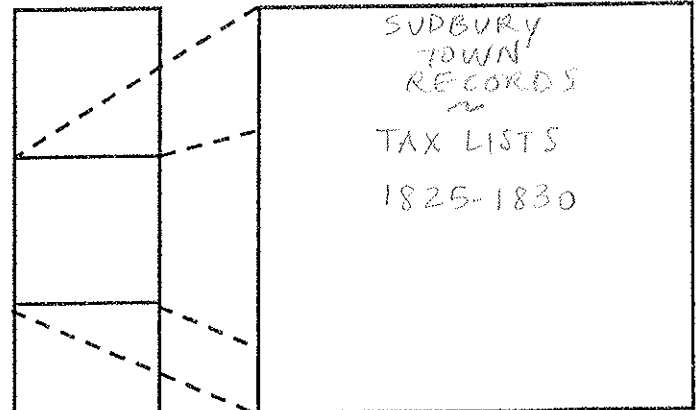
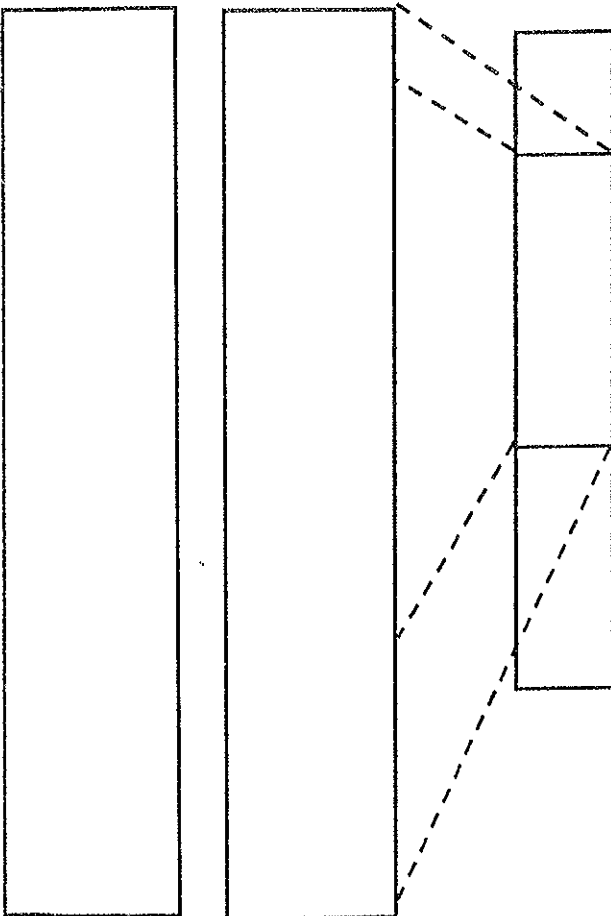
Vertical Title

Horizontal Title

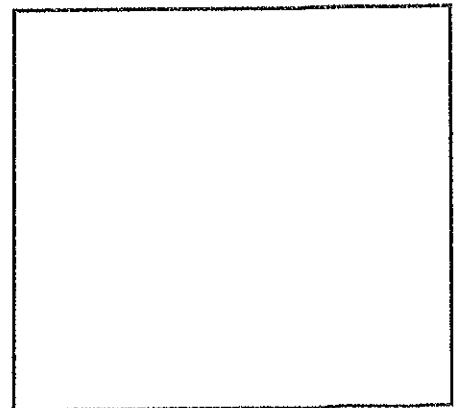
Client's
revision
for vertical
and flat

Recommended
title

Recommended
title



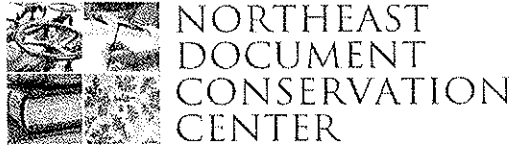
Client's
revision



Horizontal Title for Volume Shelved Flat

Client signature: _____

Bill Veillette
Executive Director



David Mathews
Director of Imaging
dmathews@nedcc.org

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Client: Town of Sudbury
322 Concord Road
Sudbury, Ma 01776

Date: 08/25/10
Job Number: 10.290B_I.4

Phone: 978/639-3359

Fax:

E-Mail: harvellr@sudbury.ma.us

Attention: Rosemary Harvell
Object(s): record book
Title: Tax Lists, 1825-1830
Dimensions: 377 x 220 x 19mm
No. of Pages: 156

Condition: Digital estimate is based on the conservation treatment proposed by the book lab.
Proposal: Imaging services will provide high resolution 300 ppi, 48 bit, RGB TIFF files and deliverable(s).
Joint Client w/: Book

Digital Services Estimate

Digital Capture:

High Resolution Digital Capture:	<u>4.00</u>	Total image(s) <u>156</u>	<u>\$624.00</u>
Based upon estimate of pages, actuals may vary _____			
* File Identification:	<u>volume and page #</u>		<i>please specify</i>
	* necessary in order to complete estimate		
Image File Delivery:	CD/DVD <input type="checkbox"/>	ExHD <input checked="" type="checkbox"/>	_____
Shipping:		Billed @ cost	_____
		Total Estimate	<u><u>\$624.00</u></u>

It is understood and agreed between the parties of this document that imaging may be modified or halted should it prove difficult to meet original specifications. After consultation with the Owner or Authorized Agent, a new estimate will then be presented to reflect revised specifications.

ESTIMATED COST OF DUPLICATION not including insurance, delivery or other, \$ _____ OWNER'S STATEMENT OF INSURANCE VALUE: maximum liability limited to \$ _____
Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here MUST be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage

AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to film the above object(s) as proposed herein. All duplication will be done for the account and at the risk of the Owner without liability to the NORTHEAST DOCUMENT CONSERVATION CENTER for negligence or otherwise. Bills are payable upon receipt. Objects must be picked up within 30 days after work is completed, unless alternate arrangements are made. Estimate valid for 6 months.

OWNER OR AUTHORIZED AGENT DATE

NORTHEAST DOCUMENT CONSERVATION CENTER
David Mathews

8/25/2010
DATE

Purchase order required? Yes _____ No _____ # _____

Please sign white copy and return to NEDCC
Cc: Registrar's Files



NORTHEAST
DOCUMENT
CONSERVATION
CENTER

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Deborah Wender
Director of Book Conservation

Bill Veillette
Executive Director

RECEIVED FROM (Owner or Authorized Agent):
Town of Sudbury
322 Concord Road
Sudbury, MA 01776
Attention: Rosemary Harvell, Town Clerk

Date: August 24, 2010 MPB
Job #: 10.290B/I.5 of 22
Contact: Rosemary Harvell, Town Clerk
Telephone: 978/639-3359
Email: harvellr@sudbury.ma.us

Object: record book
Title/Bibliographic Information: Tax Lists, 1831 – 1839.

No. of Volumes: 1
No. of Pages: 172
Dimensions: 433 x 285 x 19mm

CONDITION ON RECEIPT:

The full cloth case binding is dirty and worn and not contemporary to the text. The text block consists of leaves with manuscript ink. Leaves are ruled with manuscript ink and graphite pencil. The text block appears to be made up of three large gatherings. The gatherings vary in size slightly. Many folios are guarded with silk. An "Emory Process" label is adhered to the front pastedown. The pages are dirty, discolored and acidic. The edges of the first gathering are not trimmed. The edges of many of the pages have small tears.

RECOMMENDED TREATMENT I:

Provide written and photographic documentation of condition before and after treatment.
Reformat. (See separate estimate.)
Collate and paginate.
Surface clean pages where necessary to remove loose dirt.
Test solubility of inks.
Measure pH before and after treatment.
Disbind. Remove sewing and separate sections.
Wash pages in water and ethanol to clean, reduce acidity of paper and to remove silk.
Alkalize pages by immersion in a calcium hydroxide bath to protect paper from formation of acid in future.
Size paper with ½% gelatin.
Mend tears and guard folds with Japanese paper and starch paste.
Reassemble text and press to flatten.
Sew with linen
Bind in cloth using a case structure.
Title. (Unless otherwise changed, title will appear as on attached sheet.)
Construct a CMI phase box to dimensions of volume. Title. (Unless otherwise changed, title will appear as on attached sheet.)

ESTIMATED COST OF RECOMMENDED TREATMENT I not including options, insurance, delivery or other,
\$6,715.

RECOMMENDED TREATMENT II:

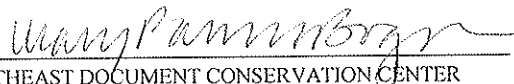
Provide written and photographic documentation of condition before and after treatment.
Reformat. (See separate estimate.)

CONTINUED

- Collate.
- Surface clean pages where necessary to remove loose dirt.
- Test solubility of inks.
- Measure pH before and after treatment.
- Disbind. Remove sewing and separate into single leaves.
- Wash pages in water and ethanol to clean, reduce acidity of paper and to remove silk.
- Alkalize pages by immersion in a calcium hydroxide bath to protect paper from formation of acid in future.
- Size paper with 1/2% gelatin.
- Mend tears only where necessary with Japanese paper and starch paste.
- Reassemble text and press to flatten.
- Encapsulate each leaf in polyester film.
- Bind in cloth using a post-binding structure.
- Title. (Unless otherwise changed, title will appear as on attached sheet.)
- Construct a CMI phase box to dimensions of volume. Title. (Unless otherwise changed, title will appear as on attached sheet.)

ESTIMATED COST OF RECOMMENDED TREATMENT II not including options, insurance, delivery or other,
\$4,800.

It is understood and agreed between the parties to this agreement that the treatment may be modified or halted should new problems arise. After consultation with the Owner or Authorized Agent, a new estimate may be given if the problems are more difficult and time-consuming than apparent at first. **Estimate valid for 12 months.**
OWNER'S STATEMENT OF INSURANCE VALUE: maximum liability limited to \$ _____. Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here must be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage.
THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s).
THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s). The undersigned hereby grants permission to NEDCC to use the record of this treatment, including photographs, for its educational programs. AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to treat the above object(s). It is acknowledged that the undersigned has read and understands the estimate and all terms and conditions herein.



OWNER/AUTHORIZED AGENT
P.O. required? YES _____ NO _____

DATE

NORTHEAST DOCUMENT CONSERVATION CENTER
Mary Patrick Bogan

08/24/2010

DATE
mi

TITLE SHEET

Job No. 10.290B/I .5

Title information will appear on the spine/box as illustrated below. Any revisions should be made in the space provided.

Please note any revisions and return with the signed treatment authorization form. The recommended title will be used if the revision form is not returned.

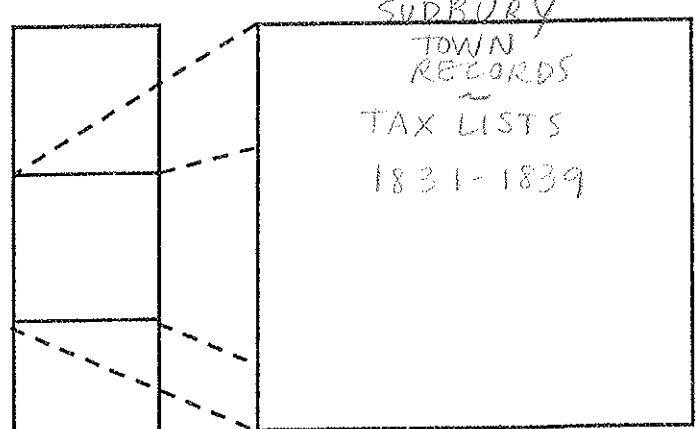
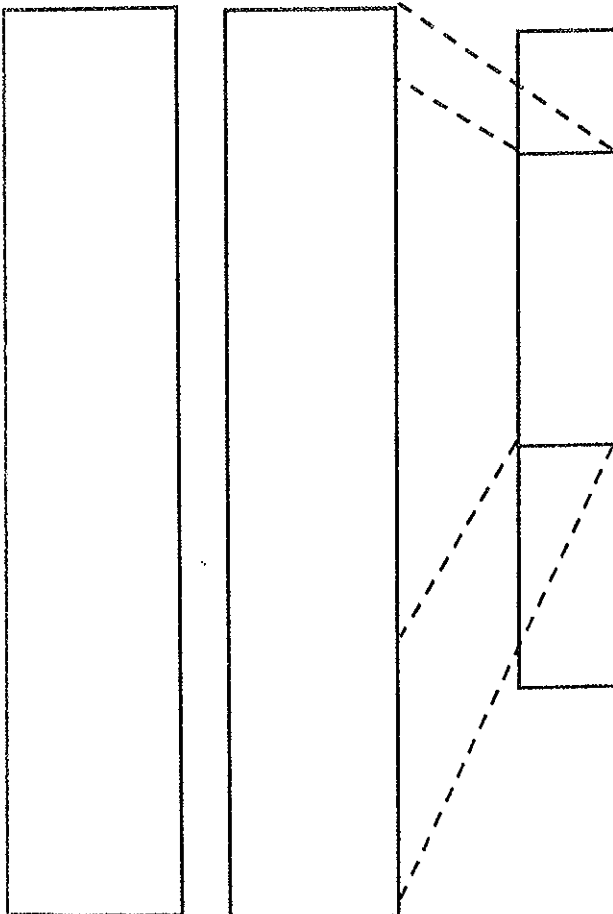
Vertical Title

Horizontal Title

Client's
revision
for vertical
and flat

Recommended
title

Recommended
title

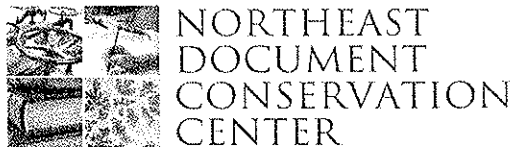


Client's
revision

Horizontal Title for Volume Shelved Flat

Client signature: _____

Bill Veillette
Executive Director



David Mathews
Director of Imaging
dmathews@nedcc.org

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Client: Town of Sudbury
322 Concord Road
Sudbury, Ma 01776

Date: 08/25/10
Job Number: 10.290B_1.5

Phone: 978/639-3359

Fax:

E-Mail: harvellr@sudbury.ma.us

Attention: Rosemary Harvell
Object(s): record book
Title: Tax Lists, 1831-1839
Dimensions: 433 x 285 x 19mm
No. of Pages: 172

Condition: Digital estimate is based on the conservation treatment proposed by the book lab.
Proposal: Imaging services will provide high resolution 300 ppi, 48 bit, RGB TIFF files and deliverable(s).
Joint Client w/: Book

Digital Services Estimate

Digital Capture:

High Resolution Digital Capture:	<u>4.00</u>	Total image(s)	<u>172</u>	<u>\$688.00</u>
Based upon estimate of pages, actuals may vary				
* File Identification:	<u>volume and page #</u>			<i>please specify</i>
	* necessary in order to complete estimate			
Image File Delivery:	CD/DVD <input type="checkbox"/>	ExHD <input checked="" type="checkbox"/>		
Shipping:		Billed @ cost		
		Total Estimate		<u>\$688.00</u>

It is understood and agreed between the parties of this document that imaging may be modified or halted should it prove difficult to meet original specifications. After consultation with the Owner or Authorized Agent, a new estimate will then be presented to reflect revised specifications.

ESTIMATED COST OF DUPLICATION not including insurance, delivery or other, \$ _____ OWNER'S STATEMENT OF INSURANCE VALUE: maximum liability limited to \$ _____
Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here MUST be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage

AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to film the above object(s) as proposed herein. All duplication will be done for the account and at the risk of the Owner without liability to the NORTHEAST DOCUMENT CONSERVATION CENTER for negligence or otherwise. Bills are payable upon receipt. Objects must be picked up within 30 days after work is completed, unless alternate arrangements are made. Estimate valid for 6 months.

OWNER OR AUTHORIZED AGENT DATE

NORTHEAST DOCUMENT CONSERVATION CENTER DATE
David Mathews

Purchase order required? Yes _____ No _____ # _____

Please sign white copy and return to NEDCC
Cc: Registrar's Files



NORTHEAST
DOCUMENT
CONSERVATION
CENTER

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Deborah Wender
Director of Book Conservation

Bill Veillette
Executive Director

RECEIVED FROM (Owner or Authorized Agent):

Town of Sudbury
322 Concord Road
Sudbury, MA 01776
Attention: Rosemary Harvell, Town Clerk

Date: August 24, 2010 MPB
Job #: 10.290B/I.6 of 22
Contact: Rosemary Harvell, Town Clerk
Telephone: 978/639-3359
Email: harvellr@sudbury.ma.us

Object: record book
Title/Bibliographic Information: Tax Lists, 1840 – 1843.

No. of Volumes: 1
No. of Pages: 70
Dimensions: 267 x 357 x 30mm

CONDITION ON RECEIPT:

The full cloth case binding is dirty and worn and is not contemporary to the text. The text block consists of leaves with manuscript ink entries, graphite pencil notations and rules. Each leaf is folded horizontally at its center creating a fold along the bottom edge. The pages are dirty, discolored and acidic. The edges of the pages that have been folded in are creased. Some of the pages have small tears particularly at the edges. Some of the numerous manuscript inks present vary in intensity.

RECOMMENDED TREATMENT:

Provide written and photographic documentation of condition before and after treatment.
Reformat. (See separate estimate.)
Collate and paginate.
Surface clean where possible to remove loose dirt.
Test solubility of inks.
Measure pH before and after treatment.
Disbind. Remove sewing and separate sections.
Wash pages in water and ethanol to clean and reduce acidity of paper.
Alkalize pages by immersion in a calcium hydroxide bath to protect paper from formation of acid in future.
Size paper with ½% gelatin.
Mend tears and guard folds with Japanese paper and starch paste.
Reassemble text and press to flatten. Open leaves to full size (approximately 13 ½" x 20).
Sew linen thread.
Bind in cloth using a case structure.
Title. (Unless otherwise changed, title will appear as on attached sheet.)
Construct a CMI phase box to dimensions of volume. Title. (Unless otherwise changed, title will appear as on attached sheet.)

ESTIMATED COST OF RECOMMENDED TREATMENT not including options, insurance, delivery or other,
\$5,200.

It is understood and agreed between the parties to this agreement that the treatment may be modified or halted should new problems arise. After consultation with the Owner or Authorized Agent, a new estimate may be given if the problems are more difficult and time-consuming than apparent at first. **Estimate valid for 12 months.** OWNER'S STATEMENT OF INSURANCE VALUE: maximum liability limited to \$_____. Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here must be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage.

THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s).


CONTINUED

Town of Sudbury
Job #: 10.290B/I.6 of 22
August 24, 2010
Page 2

THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s). The undersigned hereby grants permission to NEDCC to use the record of this treatment, including photographs, for its educational programs. AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to treat the above object(s). It is acknowledged that the undersigned has read and understands the estimate and all terms and conditions herein.

OWNER/AUTHORIZED AGENT
P.O. required? YES _____ NO _____

DATE



NORTHEAST DOCUMENT CONSERVATION CENTER
Mary Patrick Bogan

08/24/2010

DATE
ml

TITLE SHEET

Job No. 10.290 B/J .6

Title information will appear on the spine/box as illustrated below. Any revisions should be made in the space provided.

Please note any revisions and return with the signed treatment authorization form. The recommended title will be used if the revision form is not returned.

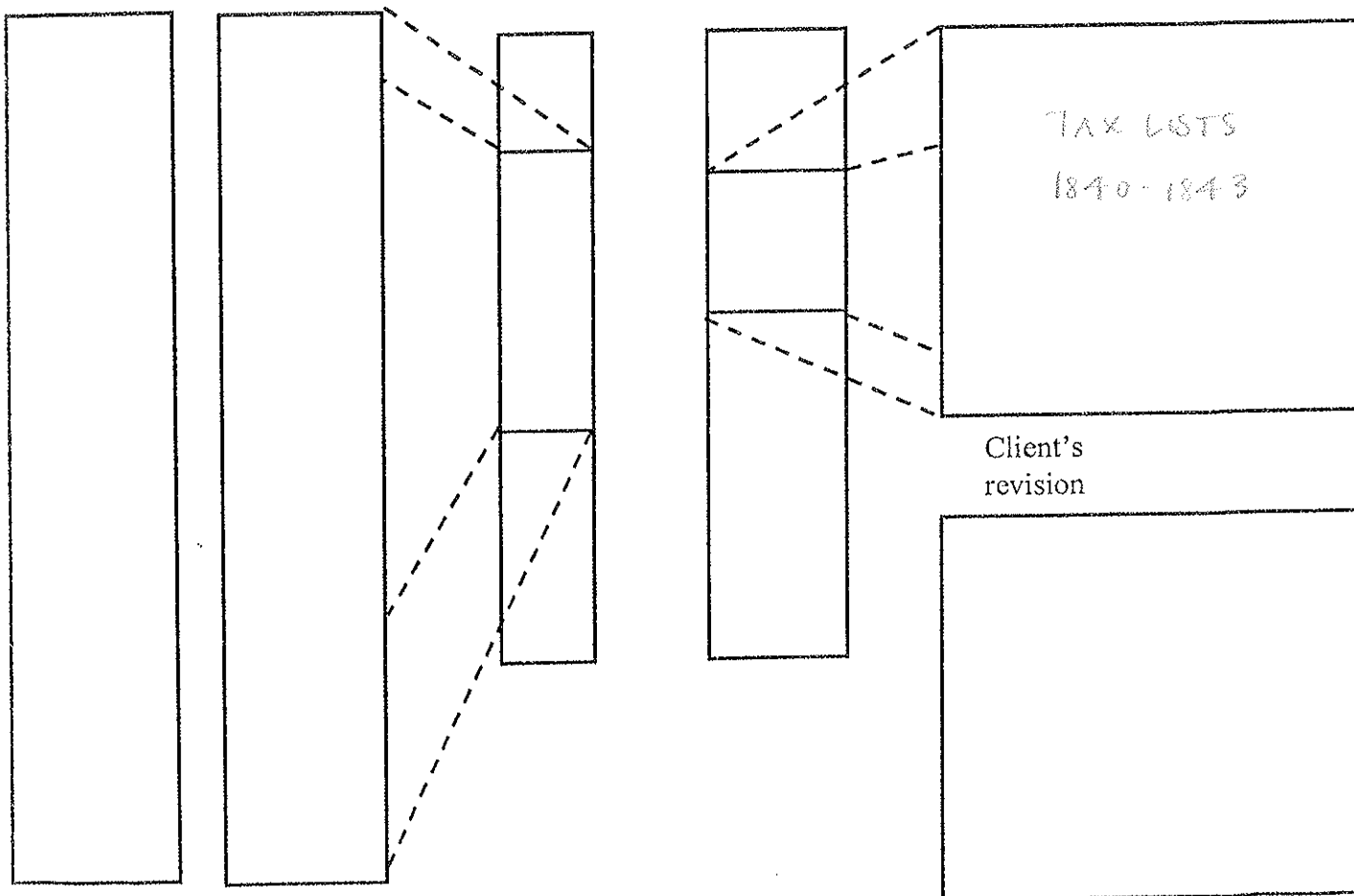
Vertical Title

Horizontal Title

Client's
revision
for vertical
and flat

Recommended
title

Recommended
title

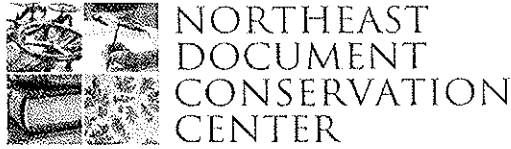


Horizontal Title for Volume Shelved Flat

[Empty rectangular box for horizontal title for volume shelved flat]

Client signature: _____

Bill Veillette
Executive Director



David Mathews
Director of Imaging
dmathews@nedcc.org

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Client: Town of Sudbury
322 Concord Road
Sudbury, Ma 01776

Date: 08/25/10
Job Number: 10.290B_1.6

Phone: 978/639-3359

Fax:

E-Mail: harvellr@sudbury.ma.us

Attention: Rosemary Harvell
Object(s): record book
Title: Tax Lists, 1840-1843
Dimensions: 267 x 357 x 30mm
No. of Pages: 70

Condition: Digital estimate is based on the conservation treatment proposed by the book lab.
Proposal: Imaging services will provide high resolution 300 ppi, 48 bit, RGB TIFF files and deliverable(s).
Joint Client w/ Book

Digital Services Estimate

Digital Capture:

High Resolution Digital Capture:	<u>4.00</u>	Total image(s)	<u>70</u>	<u>\$280.00</u>
Based upon estimate of pages, actuals may vary				
* File Identification:	<u>volume and page #</u>			<i>please specify</i>
	* necessary in order to complete estimate			
Image File Delivery:	CD/DVD <input type="checkbox"/>	ExHD <input checked="" type="checkbox"/>		
Shipping:		Billed @ cost		
		Total Estimate		<u>\$280.00</u>

It is understood and agreed between the parties of this document that imaging may be modified or halted should it prove difficult to meet original specifications. After consultation with the Owner or Authorized Agent, a new estimate will then be presented to reflect revised specifications.

ESTIMATED COST OF DUPLICATION not including insurance, delivery or other, \$ _____ OWNER'S STATEMENT of INSURANCE VALUE: maximum liability limited to \$ _____
Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here MUST be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage

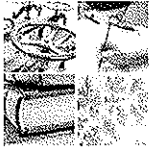
AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to film the above object(s) as proposed herein. All duplication will be done for the account and at the risk of the Owner without liability to the NORTHEAST DOCUMENT CONSERVATION CENTER for negligence or otherwise. Bills are payable upon receipt. Objects must be picked up within 30 days after work is completed, unless alternate arrangements are made. Estimate valid for 6 months.

OWNER OR AUTHORIZED AGENT DATE

NORTHEAST DOCUMENT CONSERVATION CENTER DATE
David Mathews 8/25/2010

Purchase order required? Yes _____ No _____ # _____

Please sign white copy and return to NEDCC
Cc: Registrar's Files



NORTHEAST
DOCUMENT
CONSERVATION
CENTER

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Deborah Wender
Director of Book Conservation

Bill Veillette
Executive Director

RECEIVED FROM (Owner or Authorized Agent):
Town of Sudbury
322 Concord Road
Sudbury, MA 01776
Attention: Rosemary Harvell, Town Clerk

Date: August 24, 2010 MPB
Job #: 10.290B/1.7 of 22
Contact: Rosemary Harvell, Town Clerk
Telephone: 978/639-3359
Email: harvellr@sudbury.ma.us

Object: record book
Title/Bibliographic Information: Tax Lists, 1844 – 1849.

No. of Volumes: 1
No. of Pages: 564
Dimensions: 370 x 245 x 38mm

CONDITION ON RECEIPT:

The full cloth case binding is dirty and worn and is not contemporary to the text. The text block consists of six different sections, each comprising one year's worth of records. The pages have manuscript ink and a few graphite pencil entries. The six sections are made up of single or multiple gatherings. The paper type and sizes vary. The exterior leaves are heavily tipped to the flyleaves. Several leaves have been cut out of the textblock leaving only stubs. One page is covered with and stained by residual adhesive. The pages are dirty, discolored and acidic. The volume has a strong odor. Some of the pages have small tears, particularly at the edges, and creased corners.

RECOMMENDED TREATMENT:

Provide written and photographic documentation of condition before and after treatment.
Reformat. (See separate estimate.)
Collate and paginate.
Surface clean where necessary to remove loose dirt.
Test solubility of inks.
Measure pH before and after treatment.
Disbind. Remove sewing and separate sections.
Treat as necessary to remove adhesive from page using heat or organic solvents.
Wash pages in water and ethanol to clean and reduce acidity of paper.
Alkalize pages by immersion in a calcium hydroxide bath to protect paper from formation of acid in future.
Size paper with ½% gelatin.
Mend tears and guard folds with Japanese paper and starch paste.
Reassemble text and press to flatten.
Sew each year individually into a fold of paper-case paper.
Title with a paper label on front cover of each year. (Unless otherwise changed, title will appear as on attached sheet.)
Construct a CMI phase box to dimensions of the six volumes. Title. (Unless otherwise changed, title will appear as on attached sheet.)


ESTIMATED COST OF RECOMMENDED TREATMENT not including options, insurance, delivery or other,
\$6,180.

It is understood and agreed between the parties to this agreement that the treatment may be modified or halted should new problems arise. After consultation with the Owner or Authorized Agent, a new estimate may be given if the problems are more difficult and time-consuming than apparent at first. **Estimate valid for 12 months.** OWNER'S STATEMENT OF INSURANCE VALUE: maximum liability limited to \$_____. Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here must be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage.

CONTINUED

THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s).

THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s). The undersigned hereby grants permission to NEDCC to use the record of this treatment, including photographs, for its educational programs. AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to treat the above object(s). It is acknowledged that the undersigned has read and understands the estimate and all terms and conditions herein.

_____	_____		08/24/2010
OWNER/AUTHORIZED AGENT	DATE	NORTHEAST DOCUMENT CONSERVATION CENTER	DATE
P.O. required? YES _____ NO _____	# _____	Mary Patrick Bogan	ml

TITLE SHEET

Job No. 10.2908/I .7

Title information will appear on the spine/box as illustrated below. Any revisions should be made in the space provided.

Please note any revisions and return with the signed treatment authorization form. The recommended title will be used if the revision form is not returned.

Vertical Title

Horizontal Title

Client's
revision
for vertical
and flat

Recommended
title

Recommended
title

For CM box:

For individual vols.:

SUBURRY TOWN RECORDS
TAX LISTS 1844-1849

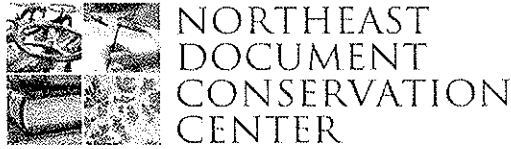
TAX LIST
1844

Client's
revision *(1845, 1846, etc.)*

Horizontal Title for Volume Shelved Flat

Client signature: _____

Bill Veillette
Executive Director



David Mathews
Director of Imaging
dmathews@nedcc.org

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Client: Town of Sudbury
322 Concord Road
Sudbury, Ma 01776

Date: 08/25/10
Job Number: 10.290B_I.7

Phone: 978/639-3359

Fax:

E-Mail: harvellr@sudbury.ma.us

Attention: Rosemary Harvell
Object(s): record book
Title: Tax Lists, 1844-1849
Dimensions: 370 x 245 x 38mm
No. of Pages: 564

Condition: Digital estimate is based on the conservation treatment proposed by the book lab.
Proposal: Imaging services will provide high resolution 300 ppi, 48 bit, RGB TIFF files and deliverable(s).
Joint Client w/: Book

Digital Services Estimate

Digital Capture:

High Resolution Digital Capture:	<u>4.00</u>	Total image(s)	<u>564</u>	<u>\$2,256.00</u>
Based upon estimate of pages, actuals may vary				
* File Identification:	<u>volume and page #</u>			<i>please specify</i>
	* necessary in order to complete estimate			
Image File Delivery:	CD/DVD <input type="checkbox"/>	ExHD <input checked="" type="checkbox"/>		
Shipping:		Billed @ cost		
		Total Estimate		<u>\$2,256.00</u>

It is understood and agreed between the parties of this document that imaging may be modified or halted should it prove difficult to meet original specifications. After consultation with the Owner or Authorized Agent, a new estimate will then be presented to reflect revised specifications.

ESTIMATED COST OF DUPLICATION not including insurance, delivery or other, \$ _____ OWNER'S STATEMENT OF INSURANCE VALUE: maximum liability limited to \$ _____
Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here MUST be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage

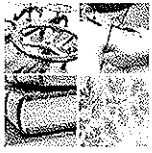
AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to film the above object(s) as proposed herein. All duplication will be done for the account and at the risk of the Owner without liability to the NORTHEAST DOCUMENT CONSERVATION CENTER for negligence or otherwise. Bills are payable upon receipt. Objects must be picked up within 30 days after work is completed, unless alternate arrangements are made. Estimate valid for 6 months.

OWNER OR AUTHORIZED AGENT DATE

NORTHEAST DOCUMENT CONSERVATION CENTER DATE
David Mathews 8/25/2010

Purchase order required? Yes _____ No _____ # _____

Please sign white copy and return to NEDCC
Cc: Registrar's Files



NORTHEAST
DOCUMENT
CONSERVATION
CENTER

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Deborah Wender
Director of Book Conservation

Bill Veillette
Executive Director

RECEIVED FROM (Owner or Authorized Agent):
Town of Sudbury
322 Concord Road
Sudbury, MA 01776
Attention: Rosemary Harvell, Town Clerk

Date: August 24, 2010 MPB
Job #: 10.290B/1.8 of 22
Contact: Rosemary Harvell, Town Clerk
Telephone: 978/639-3359
Email: harvellr@sudbury.ma.us

Object: record book
Title/Bibliographic Information: Assessors Records, 1778 – 1782.

No. of Volumes: 1
No. of Pages: 268
Dimensions: 222 x 177 x 24mm

CONDITION ON RECEIPT:

The full cloth case binding is dirty and worn and is not contemporary to the text. The text block consists of pages with manuscript ink entries. The pages are dirty, discolored, acidic, and stained. The leaves vary in size; the edges are not trimmed. The exterior leaves are heavily tipped to the flyleaves. Some of the numerous manuscript inks present are smeared and vary in intensity. A few of the inks are friable.

RECOMMENDED TREATMENT:

Provide written and photographic documentation of condition before and after treatment.

Reformat. (See separate estimate.)

Collate and paginate.

Surface clean where possible to remove loose dirt.

Test solubility of inks.

Measure pH before and after treatment.

Disbind. Remove sewing and separate sections.

Wash pages in water and ethanol to clean and reduce acidity of paper.

Alkalize pages by immersion in a calcium hydroxide bath to protect paper from formation of acid in future.

Size paper with ½% gelatin.

Mend tears and guard folds with Japanese paper and starch paste.

Reassemble text and press to flatten.

Sew with linen thread.

Bind in cloth using a case structure.

Title. (Unless otherwise changed, title will appear as on attached sheet.)

Construct a CMI phase box to dimensions volume. Title. (Unless otherwise changed, title will appear as on attached sheet.)

ESTIMATED COST OF RECOMMENDED TREATMENT not including options, insurance, delivery or other, \$5,000.

It is understood and agreed between the parties to this agreement that the treatment may be modified or halted should new problems arise. After consultation with the Owner or Authorized Agent, a new estimate may be given if the problems are more difficult and time-consuming than apparent at first. **Estimate valid for 12 months.** OWNER'S STATEMENT OF INSURANCE VALUE: maximum liability limited to \$_____. Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here must be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage.

CONTINUED

Town of Sudbury
Job #: 10.290B/I.8 of 22
August 24, 2010
Page 2

THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s).

THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s). The undersigned hereby grants permission to NEDCC to use the record of this treatment, including photographs, for its educational programs. AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to treat the above object(s). It is acknowledged that the undersigned has read and understands the estimate and all terms and conditions herein.

_____ OWNER/AUTHORIZED AGENT P.O. required? YES _____ NO _____	_____ DATE # _____	 _____ NORTHEAST DOCUMENT CONSERVATION CENTER Mary Patrick Bogan	_____ 08/24/2010 DATE ml
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TITLE SHEET

Job No. 10,270.0/1 . 8

Title information will appear on the spine/box as illustrated below. Any revisions should be made in the space provided.

Please note any revisions and return with the signed treatment authorization form. The recommended title will be used if the revision form is not returned.

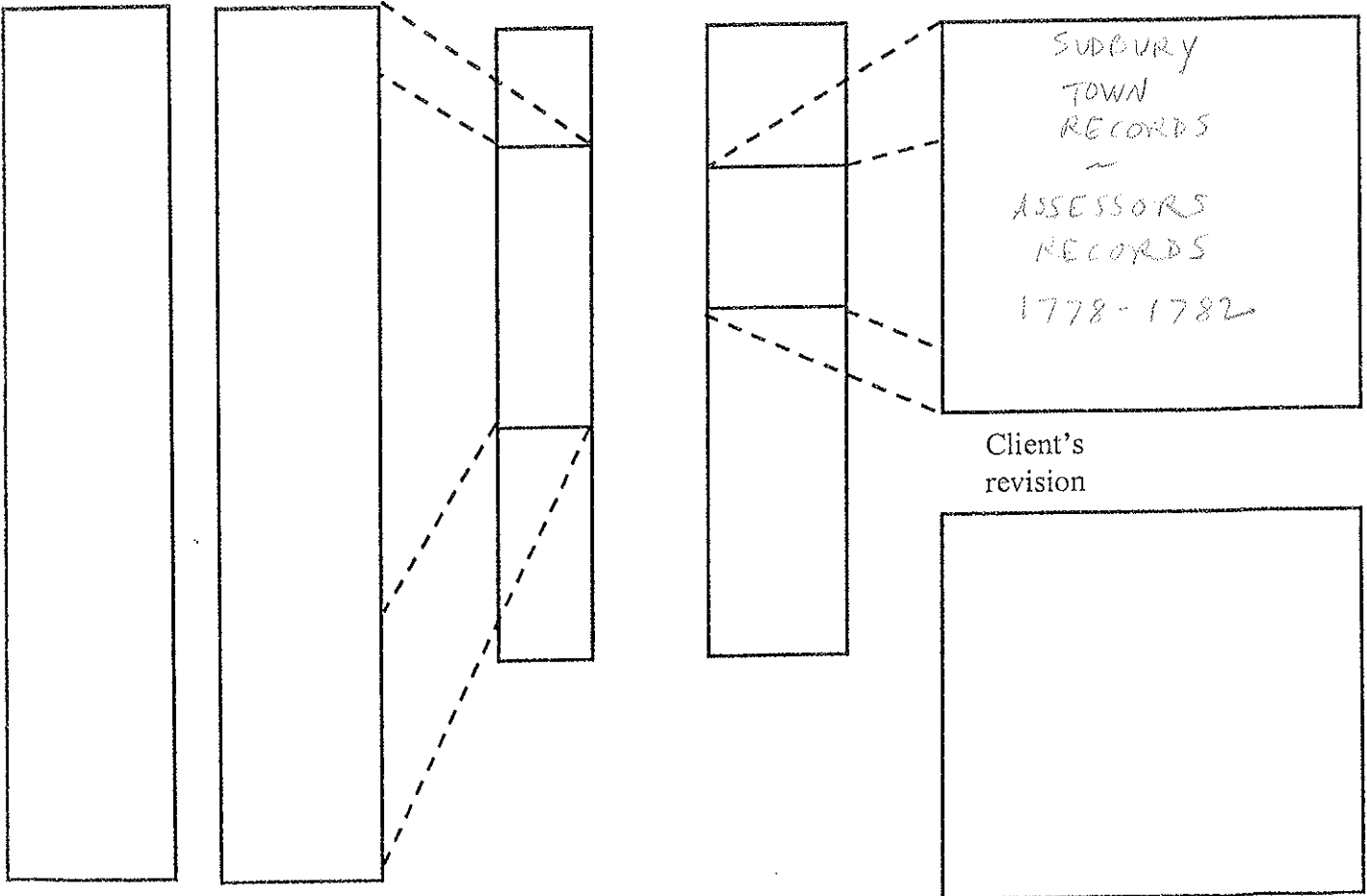
Vertical Title

Horizontal Title

Client's
revision
for vertical
and flat

Recommended
title

Recommended
title



Horizontal Title for Volume Shelved Flat

[Empty rectangular box for horizontal title for volume shelved flat]

Client signature: _____

Bill Veillette
Executive Director



NORTHEAST DOCUMENT CONSERVATION CENTER

David Mathews
Director of Imaging
dmathews@nedcc.org

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Client: Town of Sudbury
322 Concord Road
Sudbury, Ma 01776

Date: 08/25/10
Job Number: 10.290B_1.8

Phone: 978/639-3359

Fax:

E-Mail: harvellr@sudbury.ma.us

Attention: Rosemary Harvell
Object(s): record book
Title: Assessors Records, 1778-1782
Dimensions: 222 x 177 x 24mm
No. of Pages: 268
Condition: Digital estimate is based on the conservation treatment proposed by the book lab.
Proposal: Imaging services will provide high resolution 300 ppi, 48 bit, RGB TIFF files and deliverable(s).
Joint Client w/: Book

Digital Services Estimate

Digital Capture:

High Resolution Digital Capture:	<u>4.00</u>	Total image(s)	<u>268</u>	<u>\$1,072.00</u>
Based upon estimate of pages, actuals may vary				
* File Identification:	<u>volume and page #</u>			<i>please specify</i>
	* necessary in order to complete estimate			
Image File Delivery:	CD/DVD <input type="checkbox"/>	ExHD <input checked="" type="checkbox"/>		
Shipping:		Billed @ cost		
		Total Estimate		<u>\$1,072.00</u>

It is understood and agreed between the parties of this document that imaging may be modified or halted should it prove difficult to meet original specifications. After consultation with the Owner or Authorized Agent, a new estimate will then be presented to reflect revised specifications.

ESTIMATED COST OF DUPLICATION not including insurance, delivery or other, \$

OWNER'S STATEMENT of INSURANCE VALUE: maximum liability limited to \$

Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here MUST be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage

AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to film the above object(s) as proposed herein. All duplication will be done for the account and at the risk of the Owner without liability to the NORTHEAST DOCUMENT CONSERVATION CENTER for negligence or otherwise.

Bills are payable upon receipt. Objects must be picked up within 30 days after work is completed, unless alternate arrangements are made.

Estimate valid for 6 months.

OWNER OR AUTHORIZED AGENT

DATE

NORTHEAST DOCUMENT CONSERVATION CENTER
David Mathews

8/25/2010

DATE

Purchase order required? Yes _____ No _____ #

Please sign white copy and return to NEDCC

Cc: Registrar's Files



NORTHEAST
DOCUMENT
CONSERVATION
CENTER

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Deborah Wender
Director of Book Conservation

Bill Veillette
Executive Director

RECEIVED FROM (Owner or Authorized Agent):
Town of Sudbury
322 Concord Road
Sudbury, MA 01776
Attention: Rosemary Harvell, Town Clerk

Date: August 24, 2010 MPB
Job #: 10.290B/I.9 of 22
Contact: Rosemary Harvell, Town Clerk
Telephone: 978/639-3359
Email: harvellr@sudbury.ma.us

Object: record book
Title/Bibliographic Information: Assessors Records, 1780 – 1807.

No. of Volumes: 1
No. of Pages: 270
Dimensions: 222 x 180 x 25mm

CONDITION ON RECEIPT:

The full cloth case binding is dirty and worn and is not contemporary to the text. The text block consists of leaves of varying size with manuscript ink entries and a few graphite pencil rules. The pages are dirty, discolored, acidic and stained. Many pages have small tears particularly at the edges. Exterior leaves are heavily tipped the flyleaves. Some of the numerous manuscript inks present vary in intensity.

RECOMMENDED TREATMENT:

Provide written and photographic documentation of condition before and after treatment.
Reformat. (See separate estimate.)
Collate and paginate.
Surface clean where necessary to remove loose dirt.
Test solubility of inks.
Measure pH before and after treatment.
Disbind. Remove sewing and separate sections.
Wash pages in water and ethanol to clean and reduce acidity of paper.
Alkalize pages by immersion in a calcium hydroxide bath to protect paper from formation of acid in future.
Size paper with ½% gelatin.
Mend tears and guard folds with Japanese paper and starch paste.
Reassemble text and press to flatten.
Sew with linen thread.
Bind in cloth using a case structure.
Title. (Unless otherwise changed, title will appear as on attached sheet.)
Construct a CMI phase box to dimensions volume. Title. (Unless otherwise changed, title will appear as on attached sheet.)

ESTIMATED COST OF RECOMMENDED TREATMENT not including options, insurance, delivery or other,
\$4,125.

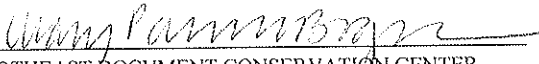
It is understood and agreed between the parties to this agreement that the treatment may be modified or halted should new problems arise. After consultation with the Owner or Authorized Agent, a new estimate may be given if the problems are more difficult and time-consuming than apparent at first. **Estimate valid for 12 months.** OWNER'S STATEMENT OF INSURANCE VALUE: maximum liability limited to \$_____. Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here must be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage.

CONTINUED

Town of Sudbury
Job #: 10.290B/I.9 of 22
August 24, 2010
Page 2

THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s).

THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s). The undersigned hereby grants permission to NEDCC to use the record of this treatment, including photographs, for its educational programs. AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to treat the above object(s). It is acknowledged that the undersigned has read and understands the estimate and all terms and conditions herein.

_____ OWNER/AUTHORIZED AGENT P.O. required? YES NO	_____ DATE #	 _____ NORTHEAST DOCUMENT CONSERVATION CENTER Mary Patrick Bogan	_____ 08/24/2010 DATE ml
--	--------------------	---	-----------------------------------

TITLE SHEET

Job No. 10.290 B/I.9

Title information will appear on the spine/box as illustrated below. Any revisions should be made in the space provided.

Please note any revisions and return with the signed treatment authorization form. The recommended title will be used if the revision form is not returned.

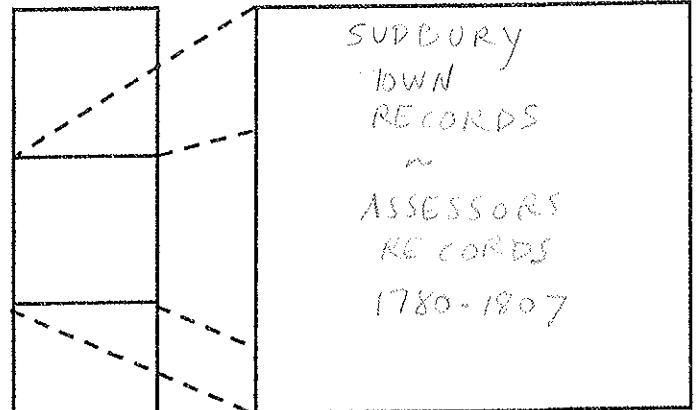
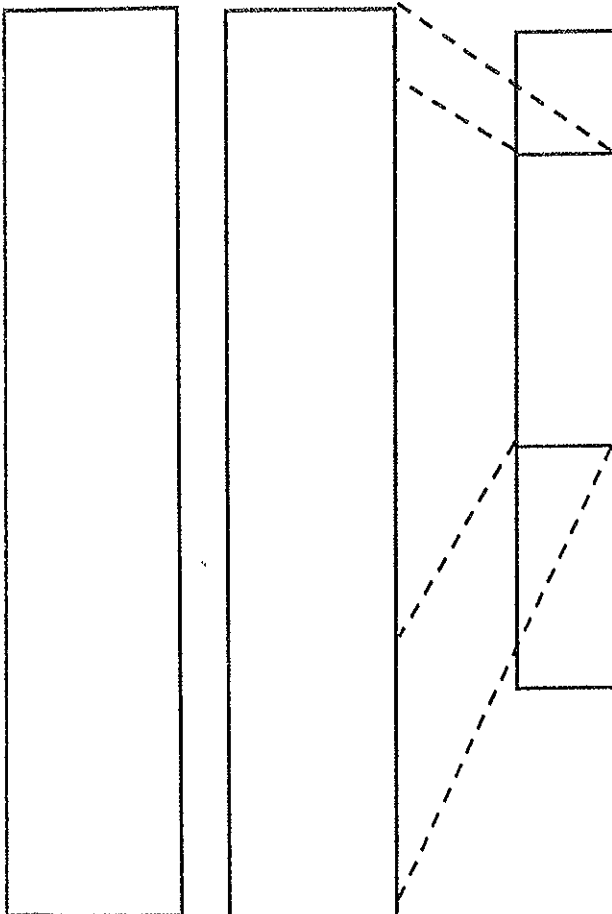
Vertical Title

Horizontal Title

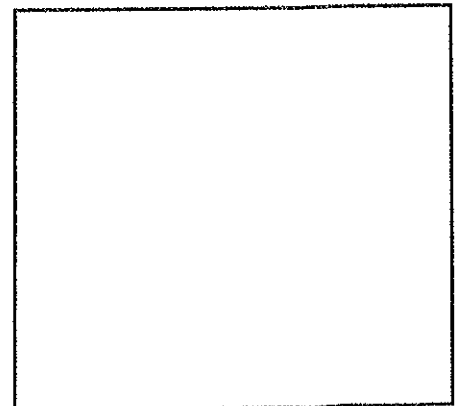
Client's
revision
for vertical
and flat

Recommended
title

Recommended
title



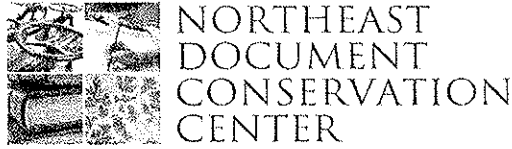
Client's
revision



Horizontal Title for Volume Shelved Flat

Client signature: _____

Bill Veillette
Executive Director



David Mathews
Director of Imaging
dmathews@nedcc.org

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Client: Town of Sudbury
322 Concord Road
Sudbury, Ma 01776

Date: 08/25/10
Job Number: 10.290B_1.9

Phone: 978/639-3359

Fax:

E-Mail: harvellr@sudbury.ma.us

Attention: Rosemary Harvell
Object(s): record book
Title: Assessors Records, 1780-1807
Dimensions: 222 x 180 x 25mm
No. of Pages: 270

Condition: Digital estimate is based on the conservation treatment proposed by the book lab.
Proposal: Imaging services will provide high resolution 300 ppi, 48 bit, RGB TIFF files and deliverable(s).
Joint Client w/ Book

Digital Services Estimate

Digital Capture:

High Resolution Digital Capture:	<u>4.00</u>	Total image(s)	<u>270</u>	<u>\$1,080.00</u>
Based upon estimate of pages, actuals may vary				

* File Identification:	<u>volume and page #</u>	<i>please specify</i>
	* necessary in order to complete estimate	

Image File Delivery:	CD/DVD <input type="checkbox"/>	ExHD <input checked="" type="checkbox"/>	
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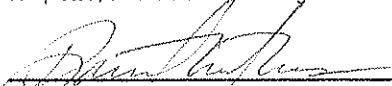
Shipping:	Billed @ cost	
	Total Estimate	<u>\$1,080.00</u>

It is understood and agreed between the parties of this document that imaging may be modified or halted should it prove difficult to meet original specifications. After consultation with the Owner or Authorized Agent, a new estimate will then be presented to reflect revised specifications.

ESTIMATED COST OF DUPLICATION not including insurance, delivery or other, \$ _____ OWNER'S STATEMENT OF INSURANCE VALUE: maximum liability limited to \$ _____
Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here MUST be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage

AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to film the above object(s) as proposed herein. All duplication will be done for the account and at the risk of the Owner without liability to the NORTHEAST DOCUMENT CONSERVATION CENTER for negligence or otherwise. Bills are payable upon receipt. Objects must be picked up within 30 days after work is completed, unless alternate arrangements are made. Estimate valid for 6 months.

OWNER OR AUTHORIZED AGENT DATE



NORTHEAST DOCUMENT CONSERVATION CENTER DATE
David Mathews 8/25/2010

Purchase order required? Yes _____ No _____ # _____

Please sign white copy and return to NEDCC
Cc: Registrar's Files



NORTHEAST
DOCUMENT
CONSERVATION
CENTER

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Deborah Wender
Director of Book Conservation

Bill Veillette
Executive Director

RECEIVED FROM (Owner or Authorized Agent):

Town of Sudbury
322 Concord Road
Sudbury, MA 01776
Attention: Rosemary Harvell, Town Clerk

Date: August 24, 2010 MPB
Job #: 10.290B/I.10 of 22
Contact: Rosemary Harvell, Town Clerk
Telephone: 978/639-3359
Email: harvellr@sudbury.ma.us

Object: record book
Title/Bibliographic Information: Assessors Records, 1798 – 1822.

No. of Volumes: 1
No. of Pages: 286
Dimensions: 270 x 230 x 23mm

CONDITION ON RECEIPT:

The full cloth case binding is dirty and worn and is not contemporary to the text. The text block consists of leaves of varying sizes with manuscript ink entries. Exterior leaves are heavily tipped to the flyleaves. The pages are dirty, discolored and acidic. The edges of many pages are not trimmed. Some of the pages have creased corners and small tears particularly at the edges. Some of the numerous manuscript inks presents vary in intensity.

RECOMMENDED TREATMENT:

Provide written and photographic documentation of condition before and after treatment.
Reformat. (See separate estimate.)
Collate and paginate.
Surface clean where necessary to remove loose dirt.
Test solubility of inks.
Measure pH before and after treatment.
Disbind. Remove sewing and separate sections.
Wash pages in water and ethanol to clean and reduce acidity of paper.
Alkalinize pages by immersion in a calcium hydroxide bath to protect paper from formation of acid in future.
Size paper with ½% gelatin.
Mend tears and guard folds with Japanese paper and starch paste.
Reassemble text and press to flatten.
Sew with linen thread.
Bind in cloth using a case structure.
Title. (Unless otherwise changed, title will appear as on attached sheet.)
Construct a CMI phase box to dimensions volume. Title. (Unless otherwise changed, title will appear as on attached sheet.)

ESTIMATED COST OF RECOMMENDED TREATMENT not including options, insurance, delivery or other,
\$4,400.

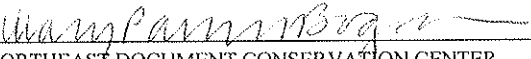
It is understood and agreed between the parties to this agreement that the treatment may be modified or halted should new problems arise. After consultation with the Owner or Authorized Agent, a new estimate may be given if the problems are more difficult and time-consuming than apparent at first. **Estimate valid for 12 months.** OWNER'S STATEMENT OF INSURANCE VALUE: maximum liability limited to \$ _____. Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here must be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage.

CONTINUED

Town of Sudbury
Job #: 10.290B/I.10 of 22
August 24, 2010
Page 2

THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s).

THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s). The undersigned hereby grants permission to NEDCC to use the record of this treatment, including photographs, for its educational programs. AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to treat the above object(s). It is acknowledged that the undersigned has read and understands the estimate and all terms and conditions herein.

OWNER/AUTHORIZED AGENT	DATE		08/24/2010
P.O. required? YES <input type="checkbox"/> NO <input type="checkbox"/>	# _____	NORTHEAST DOCUMENT CONSERVATION CENTER Mary Patrick Bogan	DATE ml

TITLE SHEET

Job No. 10.290B/1 . 10

Title information will appear on the spine/box as illustrated below. Any revisions should be made in the space provided.

Please note any revisions and return with the signed treatment authorization form. The recommended title will be used if the revision form is not returned.

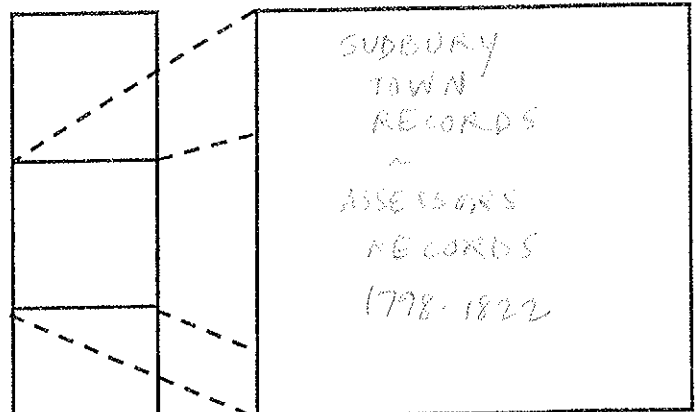
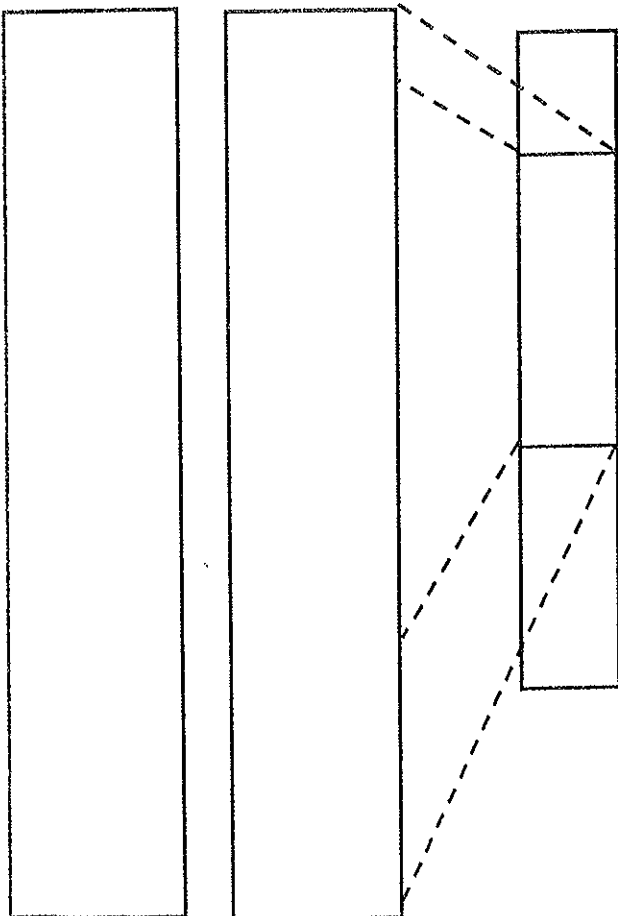
Vertical Title

Horizontal Title

Client's
revision
for vertical
and flat

Recommended
title

Recommended
title



SUBURBY
TOWN
RECORDS
~
ASSESSORS
RECORDS
1798-1822

Client's
revision

Horizontal Title for Volume Shelved Flat

Client signature: _____

Bill Veillette
Executive Director



NORTHEAST DOCUMENT CONSERVATION CENTER

David Mathews
Director of Imaging
dmathews@nedcc.org

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Client: Town of Sudbury
322 Concord Road
Sudbury, Ma 01776

Date: 08/25/10
Job Number: 10.290B_I.10

Phone: 978/639-3359

Fax:

E-Mail: harvellr@sudbury.ma.us

Attention: Rosemary Harvell
Object(s): record book
Title: Assessors Records, 1798-1822
Dimensions: 270 x 230 x 23mm
No. of Pages: 286
Condition: Digital estimate is based on the conservation treatment proposed by the book lab.
Proposal: Imaging services will provide high resolution 300 ppi, 48 bit, RGB TIFF files and deliverable(s).
Joint Client w/: Book

Digital Services Estimate

Digital Capture:

High Resolution Digital Capture:	<u>4.00</u>	Total image(s) <u>286</u>	<u>\$1,144.00</u>
Based upon estimate of pages, actuals may vary			
* File Identification: <u>volume and page #</u>			<i>please specify</i>
* necessary in order to complete estimate			
Image File Delivery: CD/DVD <input type="checkbox"/>	EXHD <input checked="" type="checkbox"/>		
Shipping:		Billed @ cost	
		Total Estimate	<u>\$1,144.00</u>

It is understood and agreed between the parties of this document that imaging may be modified or halted should it prove difficult to meet original specifications. After consultation with the Owner or Authorized Agent, a new estimate will then be presented to reflect revised specifications.

ESTIMATED COST OF DUPLICATION not including insurance, delivery or other, \$ _____ OWNER'S STATEMENT of INSURANCE VALUE: maximum liability limited to \$ _____
Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here MUST be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage

AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to film the above object(s) as proposed herein. All duplication will be done for the account and at the risk of the Owner without liability to the NORTHEAST DOCUMENT CONSERVATION CENTER for negligence or otherwise. Bills are payable upon receipt. Objects must be picked up within 30 days after work is completed, unless alternate arrangements are made. Estimate valid for 6 months.

OWNER OR AUTHORIZED AGENT DATE

NORTHEAST DOCUMENT CONSERVATION CENTER DATE
David Mathews

Purchase order required? Yes _____ No _____ # _____

Please sign white copy and return to NEDCC
Cc: Registrar's Files



NORTHEAST
DOCUMENT
CONSERVATION
CENTER

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Deborah Wender
Director of Book Conservation

Bill Veillette
Executive Director

RECEIVED FROM (Owner or Authorized Agent):

Town of Sudbury
322 Concord Road
Sudbury, MA 01776
Attention: Rosemary Harvell, Town Clerk

Date: August 24, 2010 MPB
Job #: 10.290B/L11 of 22
Contact: Rosemary Harvell, Town Clerk
Telephone: 978/639-3359
Email: harvellr@sudbury.ma.us

Object: record book
Title/Bibliographic Information: Assessors Records, 1791 – 1805.

No. of Volumes: 1
No. of Pages: 386
Dimensions: 212 x 175 x 35mm

CONDITION ON RECEIPT:

The full cloth case binding is dirty and worn and is not contemporary to the text. The text block consists of leaves of varying size with manuscript ink entries and a few graphite pencil rules. The pages are dirty, discolored, acidic and stained. Many pages have small tears particularly at the edges. Exterior leaves are heavily tipped the flyleaves. Some of the numerous manuscript inks present vary in intensity.

RECOMMENDED TREATMENT:

Provide written and photographic documentation of condition before and after treatment.
Reformat. (See separate estimate.)
Collate and paginate.
Surface clean where necessary to remove loose dirt.
Test solubility of inks.
Measure pH before and after treatment.
Disbind. Remove sewing and separate sections.
Wash pages in water and ethanol to clean and reduce acidity of paper.
Alkalize pages by immersion in a calcium hydroxide bath to protect paper from formation of acid in future.
Size paper with ½% gelatin.
Mend tears and guard folds with Japanese paper and starch paste.
Reassemble text and press to flatten.
Sew with linen thread.
Bind in cloth using a case structure.
Title. (Unless otherwise changed, title will appear as on attached sheet.)
Construct a CMI phase box to dimensions volume. Title. (Unless otherwise changed, title will appear as on attached sheet.)

ESTIMATED COST OF RECOMMENDED TREATMENT not including options, insurance, delivery or other,
\$5,700.


It is understood and agreed between the parties to this agreement that the treatment may be modified or halted should new problems arise. After consultation with the Owner or Authorized Agent, a new estimate may be given if the problems are more difficult and time-consuming than apparent at first. **Estimate valid for 12 months.** OWNER'S STATEMENT OF INSURANCE VALUE: maximum liability limited to \$ _____. Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here must be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage.

CONTINUED

Town of Sudbury
Job #: 10.290B/I.11 of 22
August 24, 2010
Page 2

THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s).

THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s). The undersigned hereby grants permission to NEDCC to use the record of this treatment, including photographs, for its educational programs. AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to treat the above object(s). It is acknowledged that the undersigned has read and understands the estimate and all terms and conditions herein.

_____ OWNER/AUTHORIZED AGENT P.O. required? YES _____ NO _____	_____ DATE # _____	 _____ NORTHEAST DOCUMENT CONSERVATION CENTER Mary Patrick Bogan	_____ 08/24/2010 DATE ml
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TITLE SHEET

Job No. 10.290B/1 . 11

Title information will appear on the spine/box as illustrated below. Any revisions should be made in the space provided.

Please note any revisions and return with the signed treatment authorization form. The recommended title will be used if the revision form is not returned.

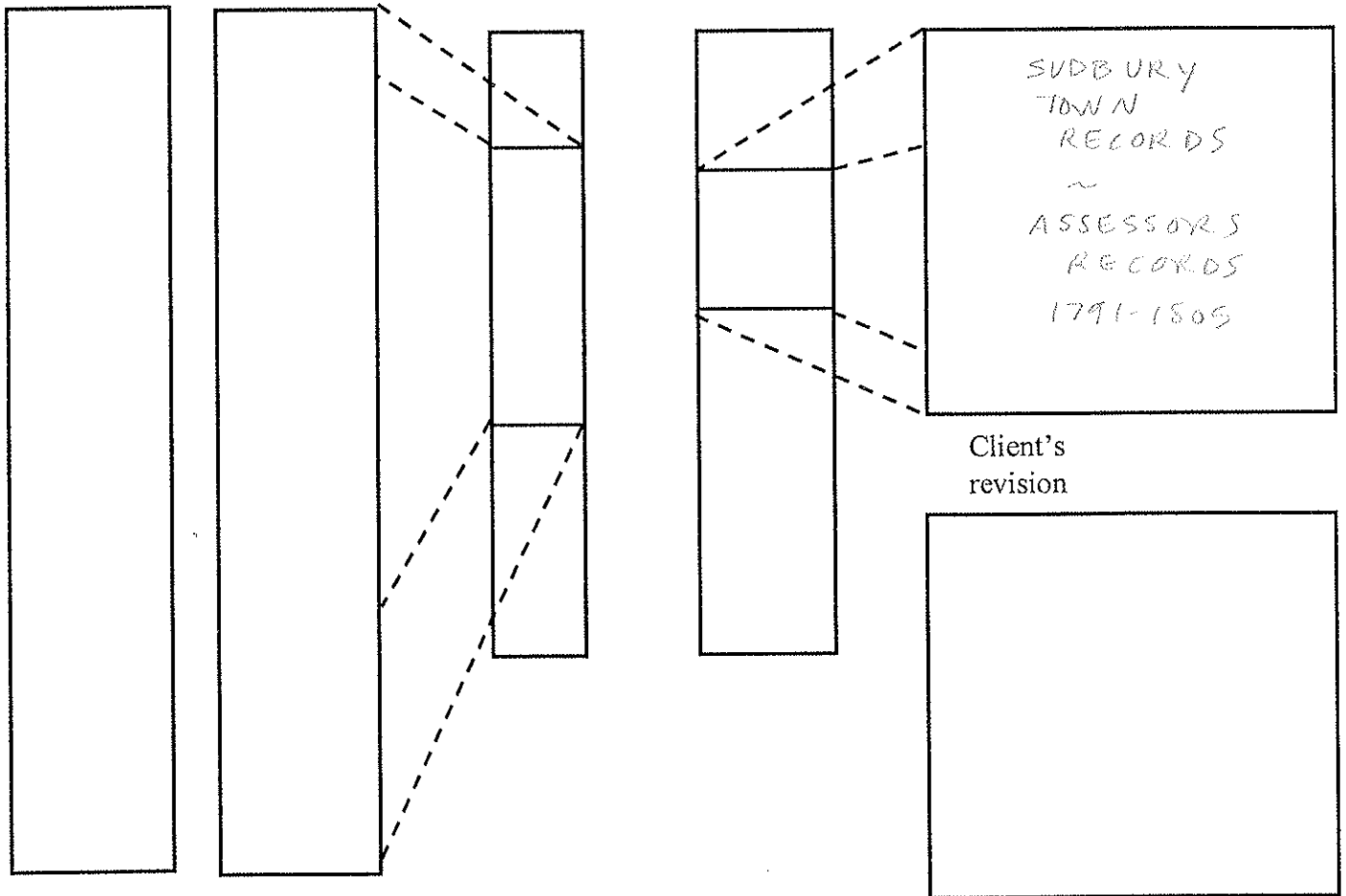
Vertical Title

Horizontal Title

Client's
revision
for vertical
and flat

Recommended
title

Recommended
title



Horizontal Title for Volume Shelved Flat

[Empty rectangular box for horizontal title for volume shelved flat]

Client signature: _____

Bill Veillette
Executive Director



NORTHEAST DOCUMENT CONSERVATION CENTER

David Mathews
Director of Imaging
dmathews@nedcc.org

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Client: Town of Sudbury
322 Concord Road
Sudbury, Ma 01776

Date: 08/25/10
Job Number: 10.290B_I.11

Phone: 978/639-3359

Fax:

E-Mail: harvellr@sudbury.ma.us

Attention: Rosemary Harvell

Object(s): record book

Title: Assessors Records, 1791-1805

Dimensions: 221 x 175 x 35mm

No. of Pages: 386

Condition: Digital estimate is based on the conservation treatment proposed by the book lab.

Proposal: Imaging services will provide high resolution 300 ppi, 48 bit, RGB TIFF files and deliverable(s).

Joint Client w/ Book

Digital Services Estimate

Digital Capture:

High Resolution Digital Capture:	<u>4.00</u>	Total image(s)	<u>386</u>	<u>\$1,544.00</u>
Based upon estimate of pages, actuals may vary				
* File Identification:	<u>volume and page #</u>			<i>please specify</i>
	* necessary in order to complete estimate			
Image File Delivery:	CD/DVD <input type="checkbox"/>	ExHD <input checked="" type="checkbox"/>		
Shipping:		Billed @ cost		
		Total Estimate		<u>\$1,544.00</u>

It is understood and agreed between the parties of this document that imaging may be modified or halted should it prove difficult to meet original specifications. After consultation with the Owner or Authorized Agent, a new estimate will then be presented to reflect revised specifications.

ESTIMATED COST OF DUPLICATION not including insurance, delivery or other, \$

OWNER'S STATEMENT OF INSURANCE VALUE: maximum liability limited to \$

Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here MUST be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage

AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to film the above object(s) as proposed herein. All duplication will be done for the account and at the risk of the Owner without liability to the NORTHEAST DOCUMENT CONSERVATION CENTER for negligence or otherwise.

Bills are payable upon receipt. Objects must be picked up within 30 days after work is completed, unless alternate arrangements are made.

Estimate valid for 6 months.

OWNER OR AUTHORIZED AGENT

DATE

NORTHEAST DOCUMENT CONSERVATION CENTER
David Mathews

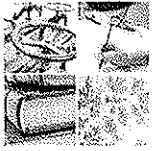
8/25/2010

DATE

Purchase order required? Yes _____ No _____ #

Please sign white copy and return to NEDCC

Cc: Registrar's Files



NORTHEAST
DOCUMENT
CONSERVATION
CENTER

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Deborah Wender
Director of Book Conservation

Bill Veillette
Executive Director

RECEIVED FROM (Owner or Authorized Agent):

Town of Sudbury
322 Concord Road
Sudbury, MA 01776
Attention: Rosemary Harvell, Town Clerk

Date: August 24, 2010 MPB
Job #: 10.290B/I.12 of 22
Contact: Rosemary Harvell, Town Clerk
Telephone: 978/639-3359
Email: harvellr@sudbury.ma.us

Object: record book
Title/Bibliographic Information: Assessors Records, 1812 – 1820.

No. of Volumes: 1
No. of Pages: 420
Dimensions: 267 x 215 x 43mm

CONDITION ON RECEIPT:

The full cloth case binding is dirty, worn and is not contemporary to the text. The text block consists of leaves of varying size with manuscript ink entries and a few graphite pencil rules. The pages are dirty, discolored, acidic and stained. Many pages have small tears particularly at the edges. A few tears have been mended with silk. Pieces of paper with entries have been adhered to several pages, presumably to make corrections to the text. Exterior leaves are heavily tipped the flyleaves. Some of the numerous manuscript inks present vary in intensity.

RECOMMENDED TREATMENT:

Provide written and photographic documentation of condition before and after treatment.

Reformat. (See separate estimate.)

Collate and paginate.

Surface clean where necessary to remove loose dirt.

Test solubility of inks.

Measure pH before and after treatment.

Disbind. Remove sewing and separate sections.

Wash pages in water and ethanol to clean and reduce acidity of paper.

Alkalize pages by immersion in a calcium hydroxide bath to protect paper from formation of acid in future.

Size paper with ½% gelatin.

Mend tears and guard folds with Japanese paper and starch paste.

Reassemble text and press to flatten.

Sew with linen thread.

Bind in cloth using a case structure.

Title. (Unless otherwise changed, title will appear as on attached sheet.)

Construct a CMI phase box to dimensions volume. Title. (Unless otherwise changed, title will appear as on attached sheet.)

ESTIMATED COST OF RECOMMENDED TREATMENT not including options, insurance, delivery or other,
\$5,590.

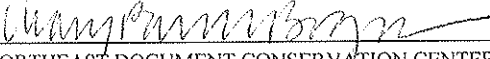
It is understood and agreed between the parties to this agreement that the treatment may be modified or halted should new problems arise. After consultation with the Owner or Authorized Agent, a new estimate may be given if the problems are more difficult and time-consuming than apparent at first. **Estimate valid for 12 months.** OWNER'S STATEMENT OF INSURANCE VALUE: maximum liability limited to \$_____. Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here must be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage.

CONTINUED

Town of Sudbury
Job #: 10.290B/I.12 of 22
August 24, 2010
Page 2

THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s).

THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s). The undersigned hereby grants permission to NEDCC to use the record of this treatment, including photographs, for its educational programs. AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to treat the above object(s). It is acknowledged that the undersigned has read and understands the estimate and all terms and conditions herein.

_____ OWNER/AUTHORIZED AGENT P.O. required? YES _____ NO _____	_____ DATE # _____	 _____ NORTHEAST DOCUMENT CONSERVATION CENTER Mary Patrick Bogan	_____ 08/24/2010 DATE ml
---	--------------------------	---	-----------------------------------

TITLE SHEET

Job No. 10.290 B/1 .12

Title information will appear on the spine/box as illustrated below. Any revisions should be made in the space provided.

Please note any revisions and return with the signed treatment authorization form. The recommended title will be used if the revision form is not returned.

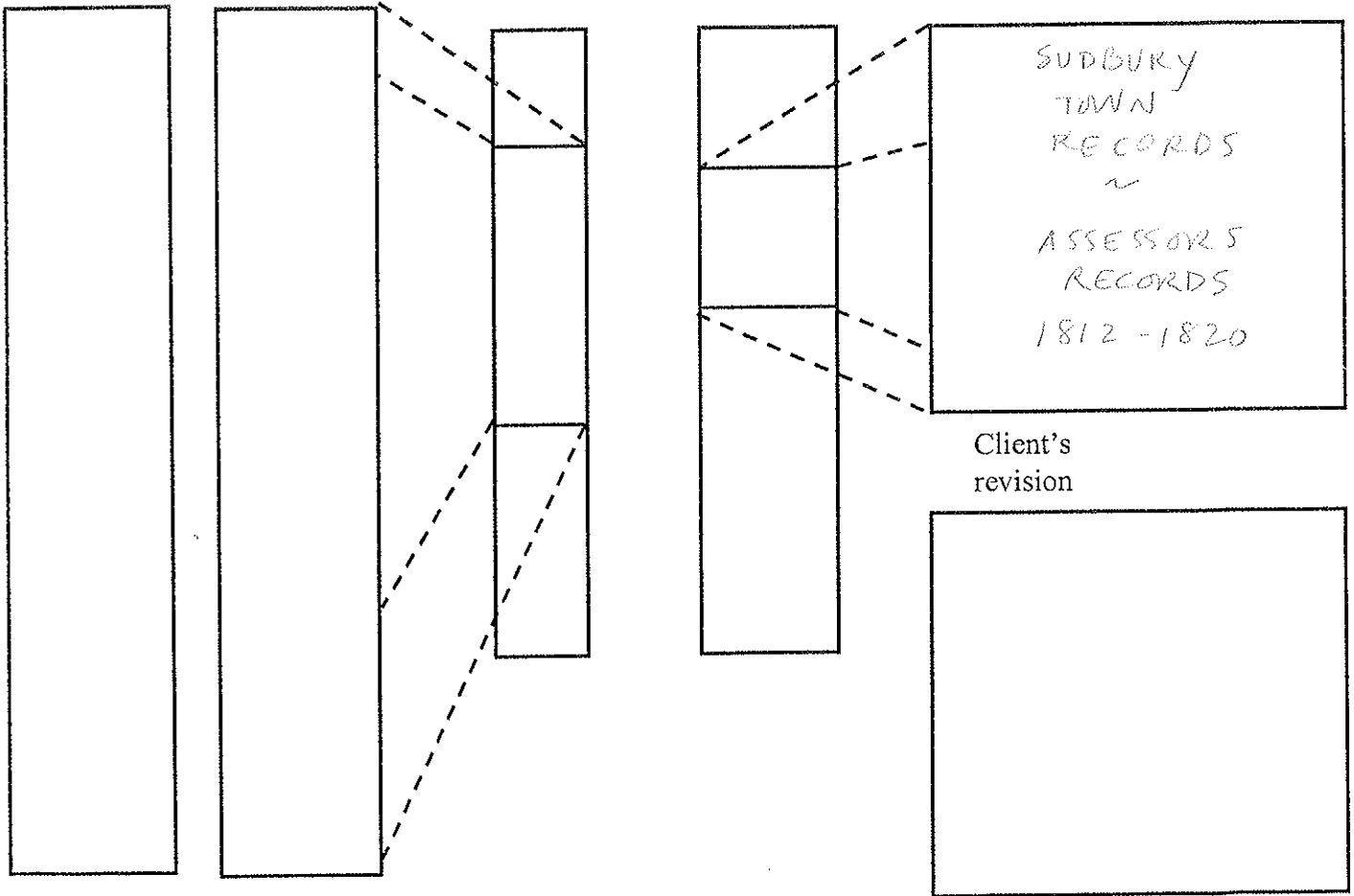
Vertical Title

Horizontal Title

Client's
revision
for vertical
and flat

Recommended
title

Recommended
title

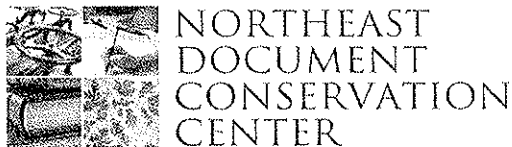


Horizontal Title for Volume Shelved Flat

[Empty rectangular box for horizontal title for volume shelved flat]

Client signature: _____

Bill Veillette
Executive Director



David Mathews
Director of Imaging
dmathews@nedcc.org

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Client: Town of Sudbury
322 Concord Road
Sudbury, Ma 01776

Date: 08/25/10
Job Number: 10.290B_I.12

Phone: 978/639-3359

Fax:

E-Mail: harvellr@sudbury.ma.us

Attention: Rosemary Harvell
Object(s): record book
Title: Assessors Records, 1812-1820
Dimensions: 267 x 215 x 43mm
No. of Pages: 420

Condition: Digital estimate is based on the conservation treatment proposed by the book lab.
Proposal: Imaging services will provide high resolution 300 ppi, 48 bit, RGB TIFF files and deliverable(s).
Joint Client w/ Book

Digital Services Estimate

Digital Capture:

High Resolution Digital Capture:	<u>4.00</u>	Total image(s) <u>420</u>	<u>\$1,680.00</u>
Based upon estimate of pages, actuals may vary			
* File Identification:	<u>volume and page #</u>		<i>please specify</i>
	* necessary in order to complete estimate		
Image File Delivery:	CD/DVD <input type="checkbox"/>	ExHD <input checked="" type="checkbox"/>	
Shipping:		Billed @ cost	
		Total Estimate	<u>\$1,680.00</u>

It is understood and agreed between the parties of this document that imaging may be modified or halted should it prove difficult to meet original specifications. After consultation with the Owner or Authorized Agent, a new estimate will then be presented to reflect revised specifications.

ESTIMATED COST OF DUPLICATION not including insurance, delivery or other, \$ _____ OWNER'S STATEMENT OF INSURANCE VALUE: maximum liability limited to \$ _____
Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here MUST be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage

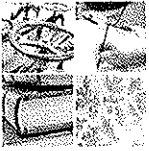
AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to film the above object(s) as proposed herein. All duplication will be done for the account and at the risk of the Owner without liability to the NORTHEAST DOCUMENT CONSERVATION CENTER for negligence or otherwise. Bills are payable upon receipt. Objects must be picked up within 30 days after work is completed, unless alternate arrangements are made. Estimate valid for 6 months.

OWNER OR AUTHORIZED AGENT DATE

NORTHEAST DOCUMENT CONSERVATION CENTER DATE
David Mathews 8/25/2010

Purchase order required? Yes _____ No _____ #

Please sign white copy and return to NEDCC
Cc: Registrar's Files



NORTHEAST
DOCUMENT
CONSERVATION
CENTER

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Deborah Wender
Director of Book Conservation

Bill Veillette
Executive Director

RECEIVED FROM (Owner or Authorized Agent):

Town of Sudbury
322 Concord Road
Sudbury, MA 01776
Attention: Rosemary Harvell, Town Clerk

Date: August 24, 2010 MPB
Job #: 10.290B/I.13 of 22
Contact: Rosemary Harvell, Town Clerk
Telephone: 978/639-3359
Email: harvellr@sudbury.ma.us

Object: record book
Title/Bibliographic Information: Assessors Records, 1810 – 1825.

No. of Volumes: 1
No. of Pages: 240
Dimensions: 222 x 180 x 24mm

CONDITION ON RECEIPT:

The full cloth case binding is dirty, worn and is not contemporary to the text. The text block consists of leaves of varying size with manuscript ink entries and a few graphite pencil rules. The pages are dirty, discolored, acidic and stained. Many pages have small tears particularly at the edges. Exterior leaves are heavily tipped the flyleaves. Some of the numerous manuscript inks present vary in intensity.

RECOMMENDED TREATMENT:

Provide written and photographic documentation of condition before and after treatment.

Reformat. (See separate estimate.)

Collate and paginate.

Surface clean where necessary to remove loose dirt.

Test solubility of inks.

Measure pH before and after treatment.

Disbind. Remove sewing and separate sections.

Wash pages in water and ethanol to clean and reduce acidity of paper.

Alkalize pages by immersion in a calcium hydroxide bath to protect paper from formation of acid in future.

Size paper with ½% gelatin.

Mend tears and guard folds with Japanese paper and starch paste.

Reassemble text and press to flatten.

Sew with linen thread.

Bind in cloth using a case structure.

Title. (Unless otherwise changed, title will appear as on attached sheet.)

Construct a CMI phase box to dimensions volume. Title. (Unless otherwise changed, title will appear as on attached sheet.)

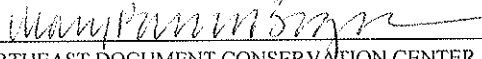
ESTIMATED COST OF RECOMMENDED TREATMENT not including options, insurance, delivery or other,
\$4,040.

It is understood and agreed between the parties to this agreement that the treatment may be modified or halted should new problems arise. After consultation with the Owner or Authorized Agent, a new estimate may be given if the problems are more difficult and time-consuming than apparent at first. **Estimate valid for 12 months.** OWNER'S STATEMENT OF INSURANCE VALUE: maximum liability limited to \$_____. Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here must be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage.

CONTINUED

THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s).

THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s). The undersigned hereby grants permission to NEDCC to use the record of this treatment, including photographs, for its educational programs. AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to treat the above object(s). It is acknowledged that the undersigned has read and understands the estimate and all terms and conditions herein.

_____ OWNER/AUTHORIZED AGENT P.O. required? YES _____ NO _____	_____ DATE # _____	 _____ NORTHEAST DOCUMENT CONSERVATION CENTER Mary Patrick Bogan	_____ 08/24/2010 DATE ml
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TITLE SHEET

Job No. 10,290B/1 .13

Title information will appear on the spine/box as illustrated below. Any revisions should be made in the space provided.

Please note any revisions and return with the signed treatment authorization form. The recommended title will be used if the revision form is not returned.

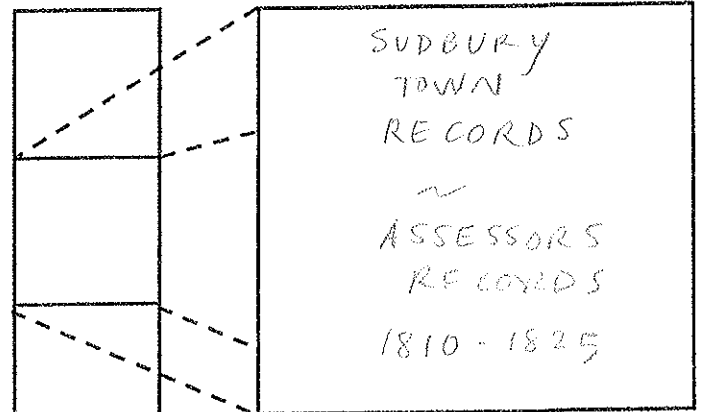
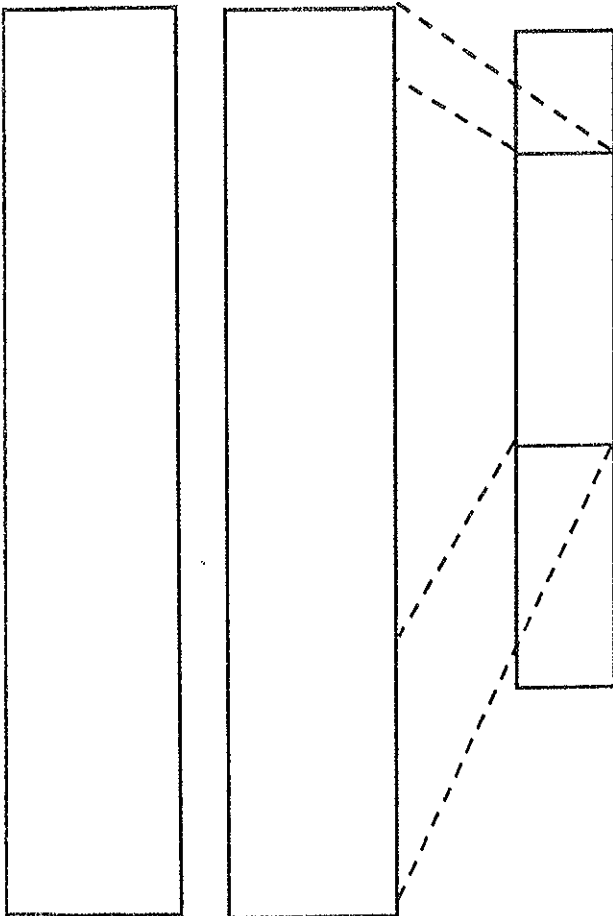
Vertical Title

Horizontal Title

Client's
revision
for vertical
and flat

Recommended
title

Recommended
title



Client's
revision

Horizontal Title for Volume Shelved Flat

Client signature: _____



Bill Veillette
Executive Director

David Mathews
Director of Imaging
dmathews@nedcc.org

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Client: Town of Sudbury
322 Concord Road
Sudbury, Ma 01776

Date: 08/25/10
Job Number: 10.290B_1.13

Phone: 978/639-3359

Fax:

E-Mail: harvellr@sudbury.ma.us

Attention: Rosemary Harvell
Object(s): record book
Title: Assessors Records, 1810-1825
Dimensions: 222 x 180 x 24mm
No. of Pages: 240

Condition: Digital estimate is based on the conservation treatment proposed by the book lab.
Proposal: Imaging services will provide high resolution 300 ppi, 48 bit, RGB TIFF files and deliverable(s).
Joint Client w/ Book

Digital Services Estimate

Digital Capture:

High Resolution Digital Capture:	<u>4.00</u>	Total image(s) <u>240</u>	<u>\$960.00</u>
Based upon estimate of pages, actuals may vary			

* File Identification: volume and page # *please specify*
 * necessary in order to complete estimate

Image File Delivery: CD/DVD ExHD

Shipping: Billed @ cost

Total Estimate \$960.00

It is understood and agreed between the parties of this document that imaging may be modified or halted should it prove difficult to meet original specifications. After consultation with the Owner or Authorized Agent, a new estimate will then be presented to reflect revised specifications.

ESTIMATED COST OF DUPLICATION not including insurance, delivery or other, \$

OWNER'S STATEMENT of INSURANCE VALUE: maximum liability limited to \$

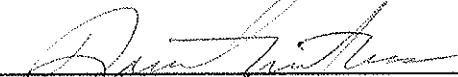
Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here MUST be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage

AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to film the above object(s) as proposed herein. All duplication will be done for the account and at the risk of the Owner without liability to the NORTHEAST DOCUMENT CONSERVATION CENTER for negligence or otherwise.

Bills are payable upon receipt. Objects must be picked up within 30 days after work is completed, unless alternate arrangements are made.

Estimate valid for 6 months.

OWNER OR AUTHORIZED AGENT DATE



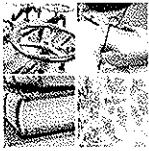
 NORTHEAST DOCUMENT CONSERVATION CENTER
 David Mathews

8/25/2010
DATE

Purchase order required? Yes _____ No _____ #

Please sign white copy and return to NEDCC

Cc: Registrar's Files



NORTHEAST
DOCUMENT
CONSERVATION
CENTER

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Deborah Wender
Director of Book Conservation

Bill Veillette
Executive Director

RECEIVED FROM (Owner or Authorized Agent):

Town of Sudbury
322 Concord Road
Sudbury, MA 01776
Attention: Rosemary Harvell, Town Clerk

Date: August 24, 2010 MPB
Job #: 10.290B/I.14 of 22
Contact: Rosemary Harvell, Town Clerk
Telephone: 978/639-3359
Email: harvellr@sudbury.ma.us

Object: record book
Title/Bibliographic Information: Town of Sudbury Church Records of
Weekly Meetings and Copies of
Covenants, 1728 – 1742.

No. of Volumes: 1
No. of Pages: 214
Dimensions: 315 x 220 x 15mm

CONDITION ON RECEIPT:

The manuscript has no binding. The pages are crudely sewn together through fragments of a heavy paper spine. The text block consists of pages with manuscript ink entries. Many pages have been cut and torn from the text block leaving small stubs behind. The sewing is broken and pages are detached from the text block. As a result, correct order is uncertain. There are a few loose additional accompanying leaves. The pages are dirty, discolored, acidic, and stained. The pages have many small tears particularly at the edges. The corners and edges are creased. There are some losses. Some of the numerous manuscript inks present are faint and vary in intensity. Some of the inks are friable. The client should determine the correct order before conservation begins.

RECOMMENDED TREATMENT:

Provide written and photographic documentation of condition before and after treatment.
Reformat. (See separate estimate.)
Collate and paginate.
Surface clean where possible to remove loose dirt.
Test solubility of inks.
Measure pH before and after treatment.
Disbind. Remove sewing and separate sections.
Wash pages in water and ethanol to clean and reduce acidity of paper.
Alkalize pages by immersion in a calcium hydroxide bath to protect paper from formation of acid in future.
Size paper with ½% gelatin.
Mend tears and guard folds with Japanese paper and starch paste.
Reassemble text and press to flatten.
Sew with linen thread.
Bind in cloth using a limp paper case structure.
Title. (Unless otherwise changed, title will appear as on attached sheet.)
Place loose leaves in a buffered folder.
Construct a CMI phase box to dimensions volume and folder. Title. (Unless otherwise changed, title will appear as on attached sheet.)

ESTIMATED COST OF RECOMMENDED TREATMENT not including options, insurance, delivery or other,
\$7,440.

It is understood and agreed between the parties to this agreement that the treatment may be modified or halted should new problems arise. After consultation with the Owner or Authorized Agent, a new estimate may be given if the problems are more difficult and time-consuming than apparent at first. Estimate valid for 12 months.

CONTINUED

OWNER'S STATEMENT OF INSURANCE VALUE: maximum liability limited to \$_____. Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here must be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage. THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s). THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s). The undersigned hereby grants permission to NEDCC to use the record of this treatment, including photographs, for its educational programs. AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to treat the above object(s). It is acknowledged that the undersigned has read and understands the estimate and all terms and conditions herein.

_____ OWNER/AUTHORIZED AGENT P.O. required? YES _____ NO _____	_____ DATE # _____	<u>Mary Patrick Bogan</u> _____ NORTHEAST DOCUMENT CONSERVATION CENTER Mary Patrick Bogan	<u>08/24/2010</u> _____ DATE ml
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TITLE SHEET

Job No. 10.2908/1 .14

Title information will appear on the spine/box as illustrated below. Any revisions should be made in the space provided.

Please note any revisions and return with the signed treatment authorization form. The recommended title will be used if the revision form is not returned.

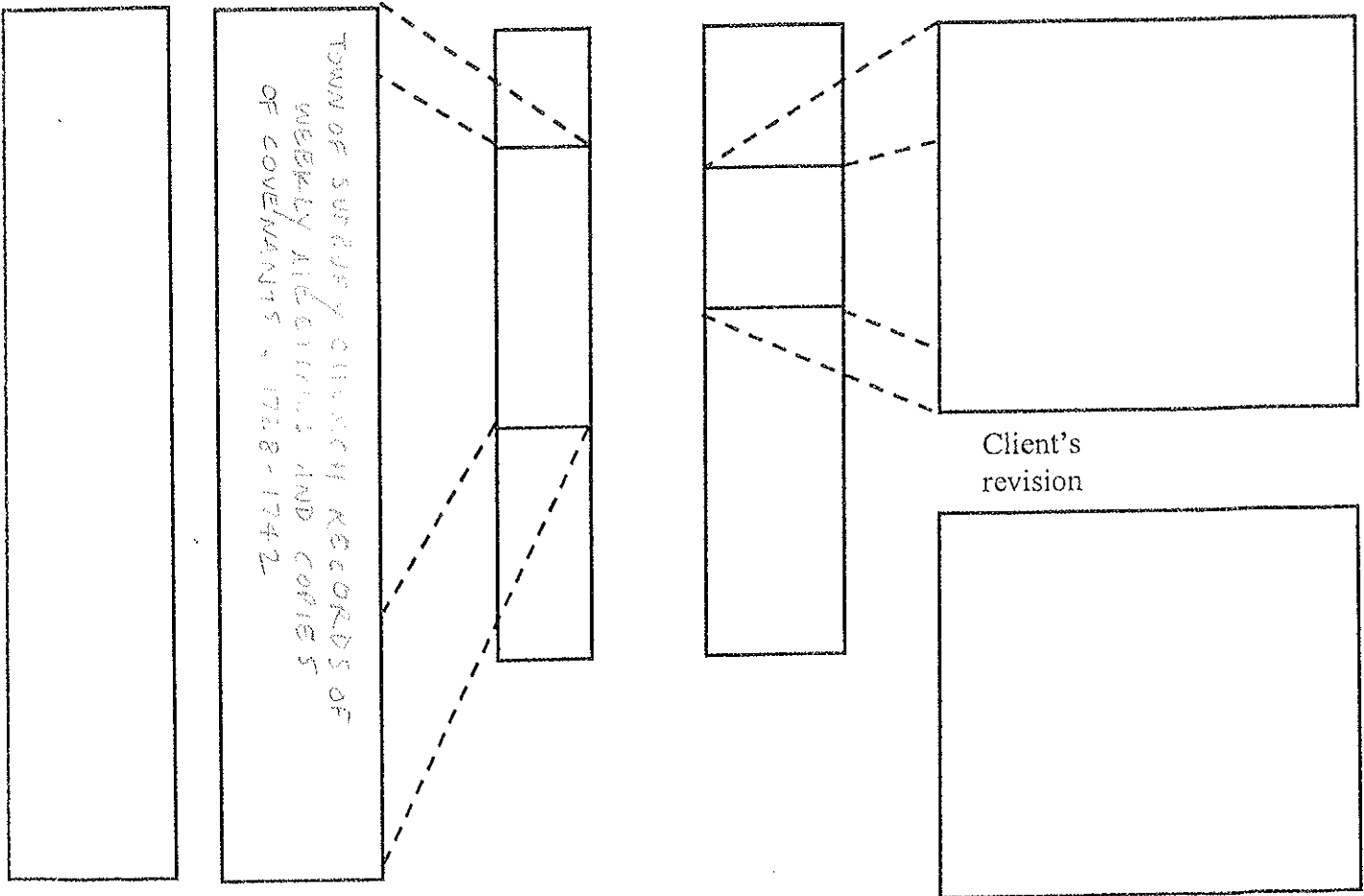
Vertical Title

Horizontal Title

Client's revision for vertical and flat

Recommended title

Recommended title



Horizontal Title for Volume Shelved Flat

Client signature: _____

Bill Veillette
Executive Director



NORTHEAST DOCUMENT CONSERVATION CENTER

David Mathews
Director of Imaging
dmathews@nedcc.org

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Client: Town of Sudbury
322 Concord Road
Sudbury, Ma 01776

Date: 08/25/10
Job Number: 10.290B_1.14

Phone: 978/639-3359

Fax:

E-Mail: harvellr@sudbury.ma.us

Attention: Rosemary Harvell
Object(s): record book

Title: Town of Sudbury Church Records of Weekly Meetings and Copies of Covenants, 1728-1742

Dimensions: 315 x 220 x 15mm

No. of Pages: 214

Condition: Digital estimate is based on the conservation treatment proposed by the book lab.

Proposal: Imaging services will provide high resolution 300 ppi, 48 bit, RGB TIFF files and deliverable(s).

Joint Client w/ Book

Digital Services Estimate

Digital Capture:

High Resolution Digital Capture:	<u>4.00</u>	Total image(s)	<u>214</u>	<u>\$856.00</u>
Based upon estimate of pages, actuals may vary				
* File Identification:	<u>volume and page #</u>			<i>please specify</i>
	* necessary in order to complete estimate			
Image File Delivery:	CD/DVD <input type="checkbox"/>	ExHD <input checked="" type="checkbox"/>		
Shipping:		Billed @ cost		
		Total Estimate		<u>\$856.00</u>

It is understood and agreed between the parties of this document that imaging may be modified or halted should it prove difficult to meet original specifications. After consultation with the Owner or Authorized Agent, a new estimate will then be presented to reflect revised specifications.

ESTIMATED COST OF DUPLICATION not including insurance, delivery or other, \$

OWNER'S STATEMENT OF INSURANCE VALUE: maximum liability limited to \$

Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here MUST be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage

AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to film the above object(s) as proposed herein. All duplication will be done for the account and at the risk of the Owner without liability to the NORTHEAST DOCUMENT CONSERVATION CENTER for negligence or otherwise.

Bills are payable upon receipt. Objects must be picked up within 30 days after work is completed, unless alternate arrangements are made.

Estimate valid for 6 months.

OWNER OR AUTHORIZED AGENT

DATE

NORTHEAST DOCUMENT CONSERVATION CENTER
David Mathews

8/25/2010

DATE

Purchase order required? Yes _____ No _____ #

Please sign white copy and return to NEDCC

Cc: Registrar's Files



NORTHEAST
DOCUMENT
CONSERVATION
CENTER

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Deborah Wender
Director of Book Conservation

Bill Veillette
Executive Director

RECEIVED FROM (Owner or Authorized Agent):

Town of Sudbury
322 Concord Road
Sudbury, MA 01776
Attention: Rosemary Harvell, Town Clerk

Date: August 24, 2010 MPB
Job #: 10.290B/I.15 of 22
Contact: Rosemary Harvell, Town Clerk
Telephone: 978/639-3359
Email: harvellr@sudbury.ma.us

Object: record book
Title/Bibliographic Information: Ezekiel Parmenter and Obediah Perry
~ April 1, 1815 ~ Indenture

No. of Volumes: 1
No. of Pages: 4
Dimensions: 340 x 205 x 3mm

CONDITION ON RECEIPT:

The single folded sheet with manuscript ink entries is crudely lined with paper. It is dirty, discolored, and acidic. It was previously folded and is broken along the folds. Two small paper seals are adhered with spots of stamp wax. There is a manuscript ink title written on the lining. A piece of masking tape covers a manuscript ink notation on the back lining. The folded document is loose in a portfolio of acidic board and cloth, with a hand-written ink title and decoration on the front cover. The document was taped and stapled to the back board and is now detached. The pressure-sensitive tape has discolored a fragment of the document. A typescript letter and hand written scrap are loose in the portfolio.

RECOMMENDED TREATMENT:

- Provide written and photographic documentation of condition before and after treatment.
- Reformat. (See separate estimate.)
- Surface clean where necessary to remove loose dirt.
- Test solubility of inks.
- Measure pH before and after treatment.
- Treat as necessary to remove pressure-sensitive tape and reduce staining using organic solvents.
- Wash pages in water and ethanol to clean, reduce acidity of paper, and to remove lining. Wax stamps will likely be lost in the wash.
- Alkalize pages by immersion in a calcium hydroxide bath to protect paper from formation of acid in future.
- Size paper with 1/2% gelatin.
- Mend tears and reattach the paper seals with Japanese paper and starch paste.
- Line folio with Japanese paper and starch paste.
- Add buffered interleaving between text.
- Place folded document in buffered file and house in a CMI phase box. Title. (Unless otherwise changed, title will appear as on attached sheet.)

ESTIMATED COST OF RECOMMENDED TREATMENT not including options, insurance, delivery or other,
\$1,365.


It is understood and agreed between the parties to this agreement that the treatment may be modified or halted should new problems arise. After consultation with the Owner or Authorized Agent, a new estimate may be given if the problems are more difficult and time-consuming than apparent at first. **Estimate valid for 12 months.**

OWNER'S STATEMENT OF INSURANCE VALUE: maximum liability limited to \$_____. Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here must be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage. THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s).

CONTINUED

Town of Sudbury
Job #: 10.290B/I.15 of 22
August 24, 2010
Page 2

THE UNDERSIGNED RECOGNIZES that conservation treatment procedures may involve a certain amount of risk. Therefore, in further consideration, and as a condition of NEDCC's undertaking the work on the above object(s), the undersigned waives and releases NEDCC from all claims that may arise due to damage or loss to the above object(s). The undersigned hereby grants permission to NEDCC to use the record of this treatment, including photographs, for its educational programs. AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to treat the above object(s). It is acknowledged that the undersigned has read and understands the estimate and all terms and conditions herein.

_____ OWNER/AUTHORIZED AGENT P.O. required? YES _____ NO _____	_____ DATE # _____	 _____ NORTHEAST DOCUMENT CONSERVATION CENTER Mary Patrick Bogan	_____ 08/24/2010 DATE ml
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TITLE SHEET

Job No. 10.290 B/I . 15

Title information will appear on the spine/box as illustrated below. Any revisions should be made in the space provided.

Please note any revisions and return with the signed treatment authorization form. The recommended title will be used if the revision form is not returned.

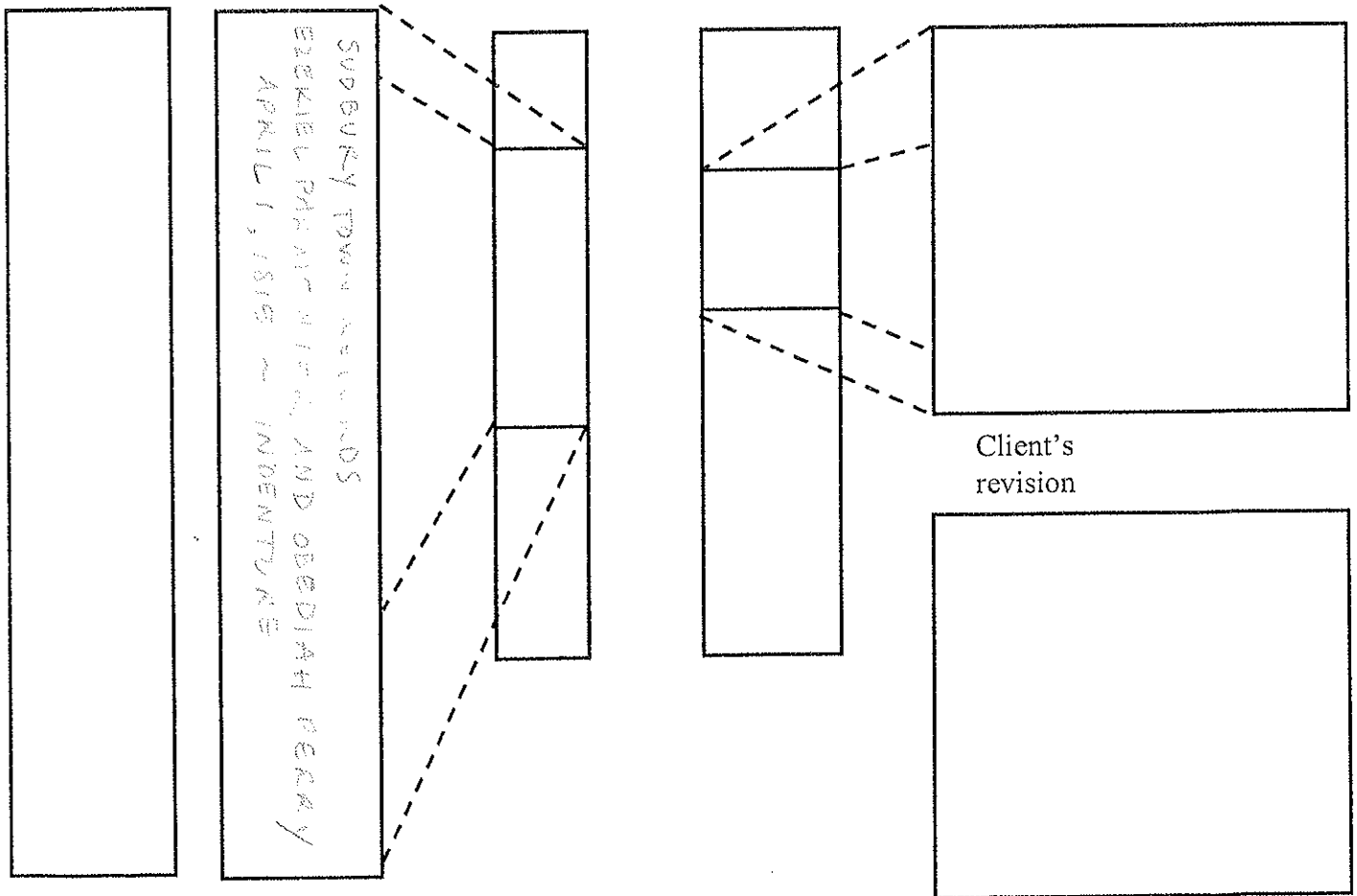
Vertical Title

Horizontal Title

Client's
revision
for vertical
and flat

Recommended
title

Recommended
title

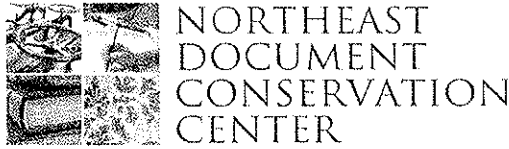


Horizontal Title for Volume Shelved Flat

[Empty rectangular box for horizontal title for volume shelved flat]

Client signature: _____

Bill Veillette
Executive Director



David Mathews
Director of Imaging
dmathews@nedcc.org

100 Brickstone Square, Andover, MA 01810-1494
ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Client: Town of Sudbury
322 Concord Road
Sudbury, Ma 01776

Date: 08/25/10
Job Number: 10.290B_1.15

Phone: 978/639-3359

Fax:

E-Mail: harvellr@sudbury.ma.us

Attention: Rosemary Harvell
Object(s): record book
Title: Ezekiel Parmenter and Obediah Perry April 1, 1815 - Indenture
Dimensions: 340 x 205 x 3mm
No. of Pages: 4
Condition: Digital estimate is based on the conservation treatment proposed by the book lab.
Proposal: Imaging services will provide high resolution 300 ppi, 48 bit, RGB TIFF files and deliverable(s).
Joint Client w/: Book

Digital Services Estimate

Digital Capture:

High Resolution Digital Capture:	<u>6.00</u>	Total image(s)	<u>4</u>	<u>\$24.00</u>
Based upon estimate of pages, actuals may vary				
* File Identification:	<u>volume and page #</u>			<i>please specify</i>
	* necessary in order to complete estimate			
Image File Delivery:	CD/DVD <input type="checkbox"/>	ExHD <input checked="" type="checkbox"/>		
Shipping:		Billed @ cost		
		Total Estimate		<u>\$24.00</u>

It is understood and agreed between the parties of this document that imaging may be modified or halted should it prove difficult to meet original specifications. After consultation with the Owner or Authorized Agent, a new estimate will then be presented to reflect revised specifications.

ESTIMATED COST OF DUPLICATION not including insurance, delivery or other, \$ _____ OWNER'S STATEMENT of INSURANCE VALUE: maximum liability limited to \$ _____
Unless the owner's insurance policy provides the standard all risk perils and the owner's insurance company sends the Center a waiver of subrogation, all works left here MUST be insured under our policy at a rate of \$1.00 per month per \$1,000 value. If no valuation is provided by the owner, an assignment of \$500 will be placed on the above object(s) for the purpose of insurance coverage

AUTHORIZATION IS HEREBY GIVEN to the NORTHEAST DOCUMENT CONSERVATION CENTER to film the above object(s) as proposed herein. All duplication will be done for the account and at the risk of the Owner without liability to the NORTHEAST DOCUMENT CONSERVATION CENTER for negligence or otherwise. Bills are payable upon receipt. Objects must be picked up within 30 days after work is completed, unless alternate arrangements are made. Estimate valid for 6 months.

_____	_____		8/25/2010
OWNER OR AUTHORIZED AGENT	DATE	NORTHEAST DOCUMENT CONSERVATION CENTER	DATE
		David Mathews	

Purchase order required? Yes _____ No _____ # _____

Please sign white copy and return to NEDCC
Cc: Registrar's Files