

Deborah Wender	Bill Veillette
Director of Book Conservation	Executive Director
RECEIVED FROM (Owner or Authorized Agent):	Date: August 24, 2010 MPB
Town of Sudbury	Job #: 10.290B/I.16 of 22
322 Concord Road	Contact: Rosemary Harvell, Town Clerk
Sudbury, MA 01776	Telephone: 978/639-3359
Attention: Rosemary Harvell, Town Clerk	Email: <u>harvellr@sudbury.ma.us</u>
Object: record book	No. of Volumes: 1
Title/Bibliographic Information: Sudbury School Committee Records,	No. of Pages: 360
1890 - 1923	Dimensions: 340 x 215 x 28mm

CONDITION ON RECEIPT:

The half leather and cloth stationery case binding is very worn and abraded particularly at the corners, edges, endcaps and joints. The spine is missing. The cloth is stained and frayed; there are losses. The internal hinges are broken. The text block consists of ruled and numbered leaves with manuscript ink entries. Approximately ninety pages at the end of the textblock have no entries. Three newspaper clippings are adhered to the front flyleaf. There are several loose scraps in the volume. Leaves 205/206, 207/208 and 233/234 have been cut from the text block. The pages are dirty, discolored, and acidic. Some of the pages have a few 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 note position of scraps.

Surface clean where necessary to remove loose dirt.

Measure pH before and after treatment.

Disbind. Retaining sewing.

Treat as necessary to remove newspaper clippings from flyleaf.

Alkalize pages by spraying with a suspension of magnesium oxide in particles in a perfluoro compound to protect paper from formation of acid in future.

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

Place news clippings in a polyester sleeve.

Reinforce sewing.

Bind in cloth in split-board structure.

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

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

ESTIMATED COST OF RECOMMENDED TREATMENT not including options, insurance, delivery or other, \$3,440.

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.

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/I.16 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.

MayPannortheast document conservation center

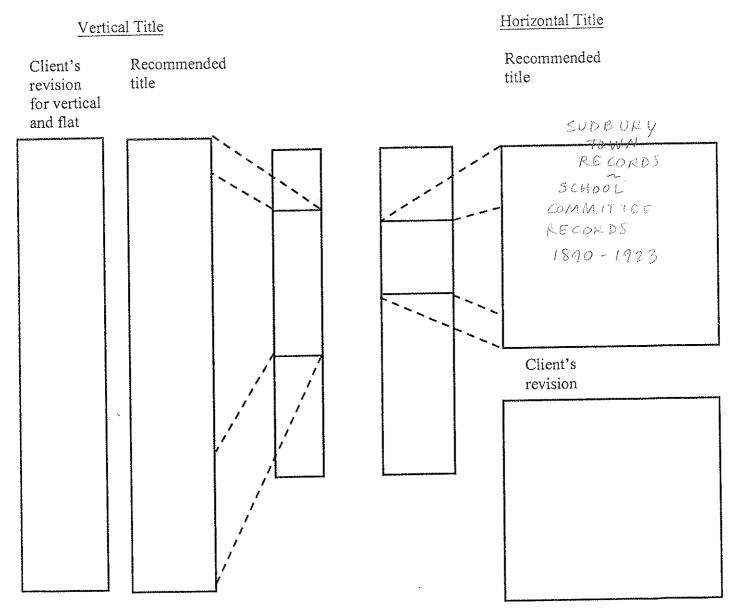
OWNER/AUTHORIZED AGENT P.O. required? YES ____ NO ___

DATE #

Mary Patrick Bogan

08/24/2010 DATE ml

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.



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_1.16	
Phone:978/639-3359	Fax:	E-Mail:harvelir@sudbury.ma.us	
	ased on the conservation treatment p	proposed by the book lab. bit, RGB TIFF files and deliverable(s).	
	Dig	ital Services Estimate	
Digital Capture:			
High Resolution Digital Capt		Total image(s)360	\$1,440.00
Based upon estimate of pages, ac	auais may vary		
	ume and page # r to complete estimate		please specify
Image File Delivery: CD/			
Shipping:		Billed @ cost	
		Total Estimate	\$1,440.00

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

Purchase order required? Yes _____ No _____ #

1.1

NORTHEAST DOCUMENT CONSERVATION CENTER **David Mathews**

8/25/2010 DATE

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



Deborah Wender	Bill Veillette
Director of Book Conservation	Executive Director
RECEIVED FROM (Owner or Authorized Agent):	Date: August 24, 2010 MPB
Town of Sudbury	Job #: 10.290B/I.17 of 22
322 Concord Road	Contact: Rosemary Harvell, Town Clerk
Sudbury, MA 01776	Telephone: 978/639-3359
Attention: Rosemary Harvell, Town Clerk	Email: <u>harvellr@sudbury.ma.us</u>
Object: record book	No. of Volumes: 1
Title/Bibliographic Information: Selectmen's Book of Records for the	No. of Pages: 294
Town of Sudbury, 1850 – 187	Dimensions: 350 x 220 x 20mm

CONDITION ON RECEIPT:

The half leather and decorated paper stationery case binding is extremely worn and deteriorated. The paper and leather is detached in places; there is some loss. A portion of the spine is missing. The joints and internal hinges are broken. The text block consists of pages with manuscript ink entries. There are a few graphite and colored pencil notations. Seventeen documents are adhered to the front pastedown and flyleaf; the documents overlap. There are several documents adhered to pages in the textblock. The pages are dirty, discolored, and acidic. Some of the pages have a few small tears particularly at the edges. Some of the folios are broken, or partially broken, at the fold. A few pages are detached. 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, paginate and note position of documents. Surface clean where necessary to remove loose dirt. Test solubility of inks. Measure pH before and after treatment. Disbind. Retaining sewing and separate into sections. Wash pages in water and ethanol if possible 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 1/2% gelatin. Mend tears, guard folds and hinges in scraps with Japanese paper and starch paste. Reassemble text and press to flatten. Sew with linen thread. Bind in cloth using a split-board structure. Place documents from front of volume in a buffered file folder. Title. (Unless otherwise changed, title will appear as on attached sheet.)

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, \$5,125.

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.

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/I.17 of 22 August 24, 2010 Page 2

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 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.

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 OWNER/AUTHORIZED AGENT
 DATE

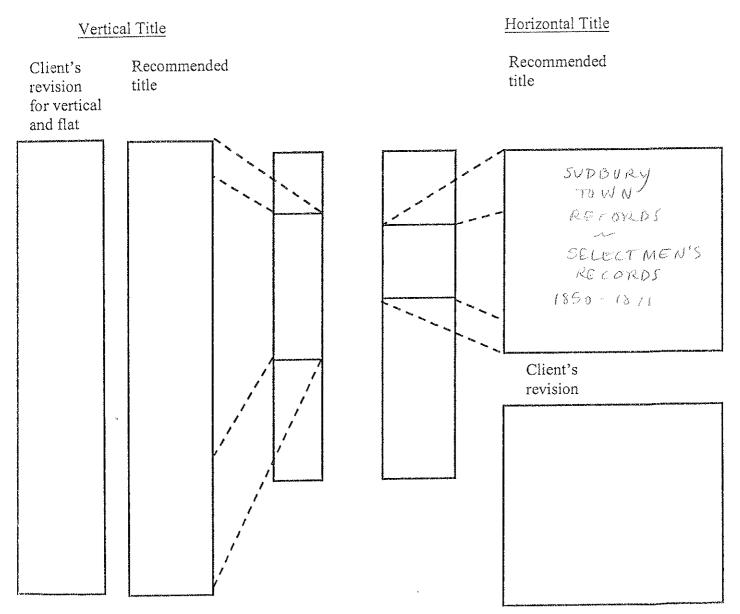
 P.O. required?
 YES
 NO
 #

Mary Patrick Bogan

08/24/2010 DATE

ml

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.



Horizontal Title for Volume Shelved Flat

Client signature:___

Bill Veillette Executive Director		DOCUMENT Conservation Center		
David Mathews Director of Imaging Imathews@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.17		
Phone:978/639-3359	Fax:	E-Mail:harvellr@sudbury.ma.us		
	for the Town of Sudbury, 1850-187 ed on the conservation treatment pro rovide high resolution 300 ppi, 48 bit	pposed by the book lab.		
	Digita	al Services Estimate		
Digital Capture:				
High Resolution Digital Captur Based upon estimate of pages, actu		Total image(s)294	<u>\$1,176.00</u>	
* File Identification: volum * necessary in order t	ne and page # o complete estimate		please specify	
Image File Delivery: CD/D				
Shipping:		Billed @ cost		
		Total Estimate	\$1,176.00	

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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

Purchase order required? Yes _____ No ____ #

2.10

NORTHEAST DOCUMENT CONSERVATION CENTER **David Mathews**

8/25/2010 DATE

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



Deborah Wender	Bill Veillette
Director of Book Conservation	Executive Director
RECEIVED FROM (Owner or Authorized Agent):	Date: August 24, 2010 MPB
Town of Sudbury	Job #: 10.290B/I.18 of 22
322 Concord Road	Contact: Rosemary Harvell, Town Clerk
Sudbury, MA 01776	Telephone: 978/639-3359
Attention: Rosemary Harvell, Town Clerk	Email: <u>harvellr@sudbury.ma.us</u>
Object: record book Title/Bibliographic Information: Overseers of the Poor, 1866 – 1893	No. of Volumes: 1 No. of Pages: 260 Dimensions: 336 x 210 x 25mm

CONDITION ON RECEIPT:

The record book has previously been conserved. No treatment is needed at this time.

RECOMMENDED TREATMENT:

Reformat. (See separate estimate.)

Measure pH.

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, \$250.

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 _____

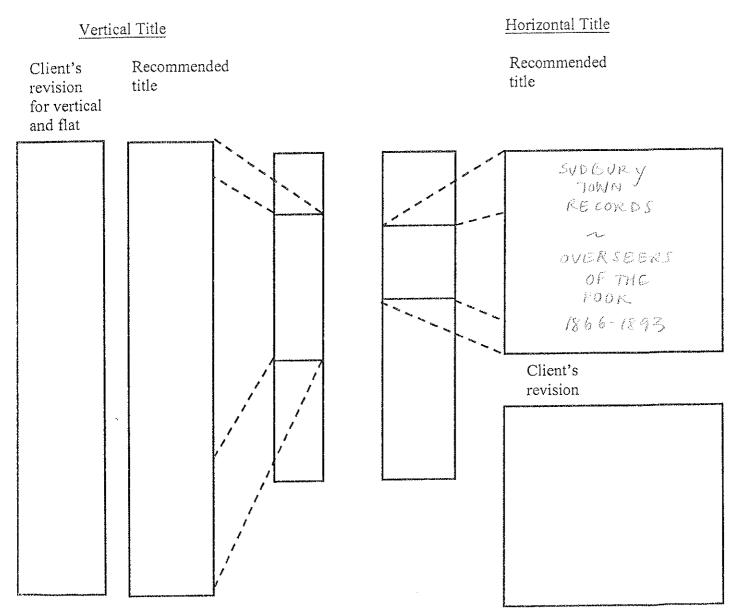
DATE #

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THEAST DOCUMENT CONSER VATION CENT Mary Patrick Bogan

08/24/2010 DATE m1

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.



Horizontal Title for Volume Shelved Flat

Client signature:

Bill Veillette Executive Director

David Mathews Director of Imaging dmathews@nedcc.org

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

Phone:978/639-3359

Fax:

Attention: Rosemary Harvell Object(s): record book Title: Overseers of the Poor, 1866-1893 Dimensions: 350 x 220 x 20mm No. of Pages: 260 Condition: Imaging services will provide high resolution 300 ppi, 48 bit, RGB TIFF files and deliverable(s). Proposal: Joint Client w/: Book

Digital Services Estimate

Digital Capture:

High Resolution Digita	I Capture:	4.00	Total image(s)260	\$1,040.00
Based upon estimate of pag	jes, actuals ma <u>y var</u>	¥		
* File Identification:	volume and page	e #		please specify
	in order to complete e			
Image File Delivery:	CD/DVD	EXHD		
Shipping:			Billed @ cost	
			Total Estimate	\$1,040.00

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OWNER'S STATEMENT of INSURANCE VALUE: maximum liability limited to \$ ESTIMATED COST OF DUPLICATION not including insurance, delivery or other, \$ 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

Purchase order required? Yes _____ No ____ #

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NORTHEAST DOCUMENT CONSPRVATION CENTER **David Mathews**

8/25/2010 DATE

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

NORTHEAST DOCUMENT CONSERVATION FNTFR

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

> Date: 08/25/10 Job Number: 10.290B 1.18

E-Mail:harveilr@sudbury.ma.us



Deborah Wender	Bill Veillette
Director of Book Conservation	Executive Director
RECEIVED FROM (Owner or Authorized Agent):	Date: August 24, 2010 MPB
Town of Sudbury	Job #: 10.290B/I.19 of 22
322 Concord Road	Contact: Rosemary Harvell, Town Clerk
Sudbury, MA 01776	Telephone: 978/639-3359
Attention: Rosemary Harvell, Town Clerk	Email: <u>harvellr@sudbury.ma.us</u>
Object: record book	No. of Volumes: 1
Title/Bibliographic Information: List of Soldiers in the Town of Sudbury,	No. of Pages: 300
1840 – 1884	Dimensions: 335 x 210 x 25mm

CONDITION ON RECEIPT:

The half leather and decorated paper stationery case binding is worn and abraded particularly at the corners and edges. A paper label is adhered to the spine. The text block consists of ruled pages with manuscript ink entries and graphite pencil notations. Approximately two-thirds of the text block is blank. The pages are dirty, discolored and acidic. A bookbinder's label is adhered to the front pastedown. Some of the numerous manuscript inks present vary in intensity.

RECOMMENDED TREATMENT I:

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

Reformat. (See separate estimate.)

Surface clean pages where necessary to remove loose dirt.

Measure pH before and after treatment.

Treat as necessary to remove paper label from spine. Some skinning may occur.

Alkalize pages by spraying with a suspension of magnesium oxide in particles in a perfluoro compound to protect paper from formation of acid in future.

Mend tears only where necessary with Japanese paper and wheat starch paste.

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, \$1,470.

RECOMMENDED TREATMENT II:

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

Reformat. (See separate estimate.)

Surface clean pages where necessary to remove loose dirt.

Measure pH before and after treatment.

Disbind. Retaining sewing.

Alkalize pages by spraying with a suspension of magnesium oxide in particles in a perfluoro compound to protect paper from formation of acid in future.

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

Reinforce sewing.

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.)

Town of Sudbury Job #: 10.290B/I.19 of 22 August 24, 2010 Page 2

ESTIMATED COST OF RECOMMENDED TREATMENT II not including options, insurance, delivery or other, \$2,685.

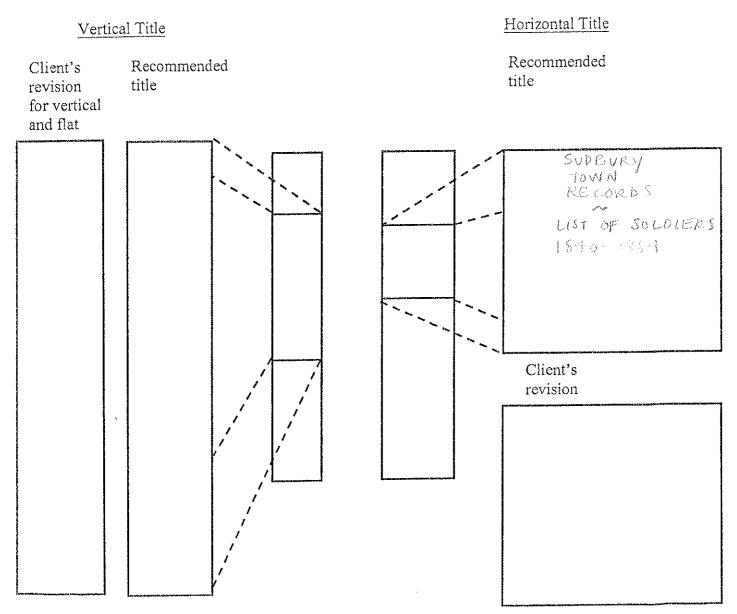
It is understood and agreed between the parties to this agreement that the treatment may be modified or halted should new problems arise. After consultation with the Owner or Authorized Agent, a new estimate may be given if the problems are more difficult and time-consuming than apparent at first. Estimate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

00/04/0010

					08/24/2010
OWNER/AUTHO	DRIZED A		DATE	NORTHEAST DOCUMENT CONSERVATION CENTER	DATE
P.O. required?	YES	NO	#	Mary Patrick Bogan	ml

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.



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_1.19	
Phone:978/639-3359	Fax:	E-Mail:harvellr@sudbury.ma.us	
Attention: Rosemary Harvell Object(s): record book Title: List of Soldiers in the Town of Dimensions: 335 x 210 x 25mm No. of Pages: 300 Condition: Digital estimate is ba Proposal: Imaging services will Joint Client w/: Book	sed on the conservation treatment p	roposed by the book lab. bit, RGB TIFF files and deliverable(s).	
	Dig	ital Services Estimate	
Digital Capture:			
High Resolution Digital Capte Based upon estimate of pages, act	•••••	Total image(s)	\$1,200.00
	ume and page # to complete estimate		please specify
Image File Delivery: CD/			. <u> </u>
Shipping:		Billed @ cost	·····
		Total Estimate	\$1,200.00

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

Car au Xa.a. NORTHEAST DOCUMENT CONSERVATION CENTER **David Mathews**

8/25/2010 DATE

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

Purchase order required? Yes _____ No ____ #



Deborah Wender	Bill Veillette
Director of Book Conservation	Executive Director
RECEIVED FROM (Owner or Authorized Agent):	Date: August 24, 2010 MPB
Town of Sudbury	Job #: 10.290B/I.20 of 22
322 Concord Road	Contact: Rosemary Harvell, Town Clerk
Sudbury, MA 01776	Telephone: 978/639-3359
Attention: Rosemary Harvell, Town Clerk	Email: <u>harvellr@sudbury.ma.us</u>
Object: record book	No. of Volumes: 1
Title/Bibliographic Information: Town Records, 1858 – 1903	No. of Pages: 290
	Dimensions: 335 x 203 x 23mm

CONDITION ON RECEIPT:

The half diced leather and decorated paper stationery case binding is very worn and abraded particularly at the corners, edges, and endcaps. The internal hinges are broken. The text block consists of ruled leaves with manuscript ink entries and graphite pencil notations. Approximately one hundred and fifty pages are blank. The pages are dirty, discolored and acidic. Some of the pages have creased corners. Several folios are broken at the fold. There is an ink inscription on the front pastedown.

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.

Measure pH before and after treatment.

Disbind. Retaining sewing.

Alkalize pages by spraying with a suspension of magnesium oxide in particles in a perfluoro compound to protect paper from formation of acid in future.

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

Reinforce sewing.

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

ESTIMATED COST OF RECOMMENDED TREATMENT not including options, insurance, delivery or other, \$2,790.

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).

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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.

Mam anno

OWNER/AUTH	DATE		
P.O. required?	YES	NO	#

NORTHEAST DOCUMENT CONSERVATION CENTER Mary Patrick Bogan 08/24/2010 DATE ml

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.

Horizontal Title Vertical Title Recommended Recommended Client's title title revision for vertical and flat SUDOURY TOWN TOWN RECORDS 1858-1903 Client's revision

Horizontal Title for Volume Shelved Flat

Client signature:_____

Bill Veillette	
Executive Director	
executive Director	

David Mathews Director of Imaging dmathews@nedcc.org

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

Phone:978/639-3359

Fax:

E-Mail:harvellr@sudbury.ma.us

Attention: Ros	semary Harvell	
Object(s): rec	ord book	
Title: Town Re	ecords, 1858-1903	
Dimensions: 3	335 x 203 x 23mm	
No. of Pages:	290	
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	d: Book	

Digital Services Estimate

Digital Capture:

High Resolution Digita	al Capture:	4.00	Total image(s) 290	\$1,160.00
Based upon estimate of pages, actuals may vary				
* File Identification:	volume and pag	e #		please specify
* necessary	in order to complete a	estimate		
Image File Delivery:	CD/DVD	ExHD		
Shipping:			Billed @ cost	
			Total Estimate	\$1,160.00

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

8/25/2010 DATE

NORTHEAST DOCUMENT CONSERVATION CENTE David Mathews

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

Purchase order required? Yes _____ No ____ #



ph 978-470-1010 • fax 978-475-6021 • www.nedcc.org

Date: 08/25/10 Job Number: 10.290B_1.20



Deborah Wender	Bill Veillette		
Director of Book Conservation	Executive Director		
RECEIVED FROM (Owner or Authorized Agent):	Date: August 24, 2010 MPB		
Town of Sudbury	Job #: 10.290B/I.21 of 22		
322 Concord Road	Contact: Rosemary Harvell, Town Clerk		
Sudbury, MA 01776	Telephone: 978/639-3359		
Attention: Rosemary Harvell, Town Clerk	Email: <u>harvellr@sudbury.ma.us</u>		
Object: printed pamphlet	No. of Volumes: 1		
Title/Bibliographic Information: Report of the Committee of Seven	Dimensions: 229 x 155 x1mm		

CONDITION ON RECEIPT:

The pamphlet has previously been conserved. No treatment is needed at this time.

RECOMMENDED TREATMENT:

Reformat. (See separate estimate.)

Measure pH.

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, \$250.

~ Codification of the Town Bylaws, 1892

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
 DATE

 P.O. required?
 YES
 NO

08/24/2010 DATE ml

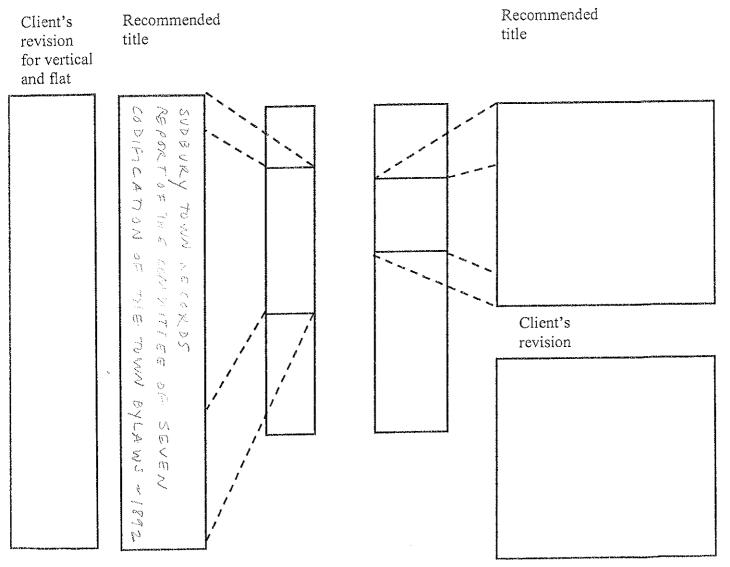
Mary Patrick Bogan

Vertical Title

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.

Horizontal Title



Horizontal Title for Volume Shelved Flat

Client signature:____

Bill Veillette Executive Director		OCOMENT ONSERVATION ENTER	
David Mathews Director of Imaging dmainews@nedcc.org		, Andover, MA 01810-1494 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.21	
Phone:978/639-3359	Fax:	E-Mail:harvellr@sudbury.ma.us	
Dimensions: 229 x 155 x 1mm No. of Pages: 6 Condition:	Seven - Codification of the Town Byla Il provide high resolution 300 ppi, 48 bit, I	ws, 1892 RGB TIFF files and deliverable(s). Image 2 up	
	Digital	Services Estimate	
Digital Capture:			
High Resolution Digital Capt Based upon estimate of pages, ac		Total image(s) <u>6</u>	\$24.00
	ume and page # r to complete estimate		please specify
Image File Delivery: CD			
Shipping:		Billed @ cost	
		Total Estimate	\$24.00

🔍 NORTHEAST

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

Purchase order required? Yes _____ No ____ #

đ	Viz	- Mailione	Az.	
 Can March	EAST DOCUM	ENT CONSE	RVATION	CENTER

8/25/2010 DATE

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



Deborah Wender	Bill Veillette	
Director of Book Conservation	Executive Director	
RECEIVED FROM (Owner or Authorized Agent):	Date: August 24, 2010 MPB	
Town of Sudbury	Job #: 10.290B/I.22 of 22	
322 Concord Road	Contact: Rosemary Harvell, Town Clerk	
Sudbury, MA 01776	Telephone: 978/639-3359	
Attention: Rosemary Harvell, Town Clerk	Email: <u>harvellr@sudbury.ma.us</u>	
Object: record book	No. of Volumes: 1	
Title/Bibliographic Information: Papers from Peter Noyes, 1711-1770.	No. of Pages: 324	
	Dimensions: 165 x 107 x 30mm	

CONDITION ON RECEIPT:

The quarter leather and paper binding is very worn and abraded. The leather is powdery and delaminated. The joints and internal hinges are broken. The text block consists of leaves with manuscript ink entries and some graphite pencil notations. The textblock is comprised of a variety of papers. Sizes vary as well. Many pages are detached. Some pages have portions cut out. Some pages are tipped to stubs or other leaves. The pages are very dirty, discolored and acidic. Several pages are badly stained along the upper edge. The pages have small tears particularly at the edges. Some pages are brittle. Some of the numerous manuscript inks present are acidic and vary in intensity. There are graphite notations on the front pastedown.

RECOMMENDED TREATMENT:

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

Collate, paginate and note position of scraps.

Surface clean pages where possible 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 original pastedown and attach to text block.

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 1/2% gelatin.

Mend tears, guard folds and reattach scraps with Japanese paper and wheat starch paste.

Reassemble text and press to flatten.

Sew with linen thread.

Bind in toned airplane linen 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, \$6,350.

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.

Town of Sudbury Job #: 10.290B/I.22 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.

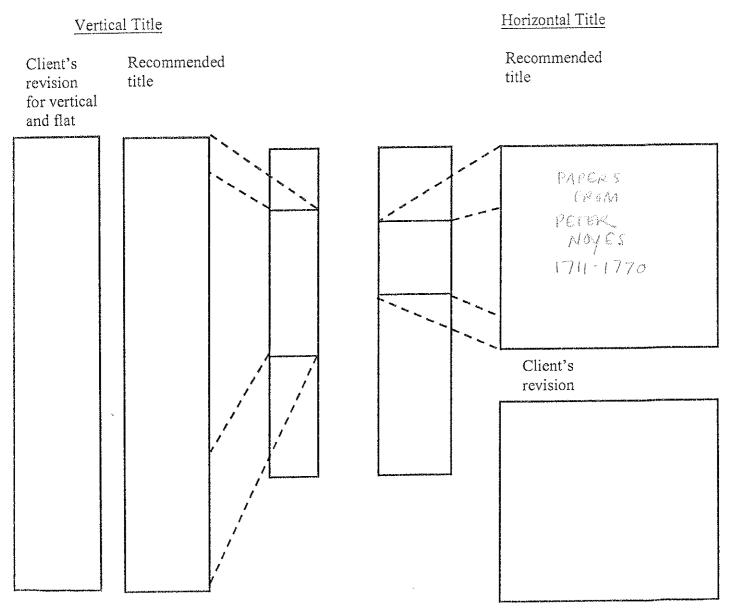
WAN MMBOR

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

DATE #

RTHEAST DOCUMENT CONSERVATION CEN Mary Patrick Bogan 08/24/2010 DATE ml

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.



Horizontal Title for Volume Shelved Flat

Client signature: