

## **INPUT SHEET**

## Daniel Ridgway Knight (1839 – 1924)

Please complete a separate sheet for each painting.

| TITLE:  |  |
|---|--|
| SIZE (TO NEAREST 1/8 INCH): Height x Width<br>Canvas Size: Sight Size: (check one)  |  |
| MEDIUM: Oil: Watercolor: Drawing:<br>Other (please specify):  |  |
| SUPPORT: Canvas:Panel: Paper: Artist Board:<br>Other (please specify):  |  |
| DATE: Does date appear on painting/where?   |  |
| SIGNATURE: Yes: No:<br>If yes, please specify location:   |  |
| INSCRIPTIONS (Front of painting - please copy):   |  |
| VERSO: Signature: Yes: No:<br>Location - On canvas: On stretcher:   |  |
| Date: Yes (please specify): No:<br>Location - On canvas: (lower left/lower right) On stretcher:<br>Inscription: Yes (please specify): |  |
| Location - On canvas: On stretcher:   |  |
| Numbers: 3 digits: 4 digits: 5 digits:<br>Pencil/Pen/Printed Label:<br>Labels (copy as exact as possible):                            |  |
|   |  |
| DESCRIPTION OF SCENE:   |  |
|   |  |
|   |  |
|   |  |

## **PROVENANCE:**

| 1. From whom you purchased: Date: |  |
|-----------------------------------|--|
|-----------------------------------|--|

2. Please list previous owners in chronological order, starting with the earliest and give dates when known:

EXHIBITION HISTORY (Please provide title of exhibition, location and date):

**PUBLICATION HISTORY** (Where the work is reproduced, or discussed, in print):

**RESTORATION HISTORY** (Condition of painting):

PLEASE INCLUDE: Professional high-resolution images (at least 300dpi and 8 x 10 inches) of the front, back, and signature; along with the required fee of \$1,500. Please make your check payable to Rehs Galleries, Inc. and mail the completed form and payment to: Rehs Galleries, Inc., 20 West 55th Street, 5th floor. New York. NY 10019.

| PLEASE COMPLETE: Name:                |  |
|---------------------------------------|--|
| Address:                              |  |
| Telephone Number (Home): _<br>(Work): |  |
| CREDIT LINE SHALL READ:               |  |

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Please use this sheet for any additional information you wish to provide