Louisiana Public Document Depository Program

DEPOSITORY LIBRARY CONTACT INFORMATION

|  |
| --- |
| The Recorder of Documents Office needs to be sure that its records are up-to-date and complete. Please provide the requested information for the contact persons in your libraryresponsible for the state documents collection, as well as your depository type. |
| Library Name: |  | Today’s Date: |  |
| Depository Type: | Choose an item. |
| Mailing Address: |  | Physical Address (if different): |  |
| **Primary Contact** |
| Name: |  |
| Title/Position: |  |
| Email: |  |
| Phone: |  |
| **Secondary Contact** |
| Name: |  |
| Title/Position: |  |
| Email: |  |
| Phone: |  |

Please complete this form whenever there are changes

and return it as soon as possible to the Recorder’s Office by mail, courier, or email.

Recorder of Documents Office

State Library of Louisiana

701 North 4th Street

Baton Rouge, LA 70802

docs@library.la.gov