Louisiana Public Document Depository Program

AGENCY LIAISON 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 about the liaison officer and other contact persons  in your agency responsible for deposit of and reporting on your agency’s public documents. | | |
| Today’s Date: |  |
| Agency Name: |  |
| **Liaison Officer** | | |
| Name: |  |
| Title/Position: |  |
| Email: |  |
| Phone: |  |
| Responsible for Depositing Documents From: | Choose an item. |
| **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](mailto:docs@library.la.gov)