Louisiana Public Document Depository Program

# Document Submittal Form

Complete this form and include as a packing list to accompany all deposits of physical publications. Submit this form as a separate PDF with digital documents if there are many documents or if the title and/or publication date are unclear.

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Name:** |       | **Today’s Date:** |       |
| **Your Name:** |       | **Phone:** |       |
| **Email:** |       | **Are you the liaison for this agency?** | [ ]  Yes [ ]  No  |

## Document Information

Please use only one entry per title (e.g., multiple copies of “Newsletter” may be entered as Item #1).

|  |  |  |
| --- | --- | --- |
| Item **#1** | **Publication Title:** |  |
| **Issues / Editions:** |  | **Date(s) of Publication:** |  |
| **Format(s):** | **[ ]  Physical [ ]  Digital** | **If PRINT, Total Number of Items Submitted:** |  |
|  |  |  |  |  |
| Item **#2** | **Publication Title:** |  |
| **Issues / Editions:** |  | **Date(s) of Publication:** |  |
| **Format(s):** | **[ ]  Physical [ ]  Digital** | **If PRINT, Total Number of Items Submitted:** |  |
|  |  |  |  |  |
| Item **#3** | **Publication Title:** |  |
| **Issues / Editions:** |  | **Date(s) of Publication:** |  |
| **Format(s):** | **[ ]  Physical [ ]  Digital** | **If PRINT, Total Number of Items Submitted:** |  |

If you have additional items please submit multiple forms.

Thank you for your continued support of the Louisiana Public Document Depository Program.

Recorder of Documents Office

State Library of Louisiana

701 North 4th Street

Baton Rouge, LA 70802

docs@state.lib.la.us