



## STATE AGENCY LIAISON DESIGNATION FORM

**INSTRUCTIONS:** Please complete the information requested below. If more than one contact person is needed, please complete additional forms for each person. Mail, fax, or email completed forms to:

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### **AGENCY INFORMATION**

Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Agency Website: \_\_\_\_\_

Is this address served by state messenger? Yes                  No

### **LIAISON CONTACT INFORMATION**

Name (Last, First): \_\_\_\_\_

Job Title: \_\_\_\_\_

Dept/Division: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: S\_\_\_\_\_

email: \_\_\_\_\_

Responsible for: Publications                  Rules                  Both

Agency Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_