



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: _____