

THE LAW LIBRARY ASSOCIATION OF GREATER NEW YORK
A Chapter of the American Association of Law Libraries

LLAGNY Electronic Union List

LIBRARY PROFILE FORM

1. LOCAL LIBRARY CODE _____
2. ORGANIZATION NAME _____
3. STREET ADDRESS _____
4. SUITE/FLOOR _____
5. CITY/STATE/ZIP _____
6. ILL PHONE _____
ILL FAX _____
ILL EMAIL _____ @ _____
7. SERVICE HOURS _____ A.M. -- _____ P.M.
8. MESSENGER INSTRUCTIONS/PICKUP LOCATION _____

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9. ILL POLICY (Check one.)
REMINDER: All materials must be available for return the same day.
- A. Fee based lending.
 - B. Phone or email request with ILL or ALA form follow up.
 - C. ILL or ALA Form Required.
 - D. Does not allow ILL materials to be pouched to other offices.

10. REMARKS AND RESTRICTIONS _____
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Return this form to:

**SIMA, Inc.
P.O. Box 248
Springfield, VA 22150-0248**