



## Application for Temporary Access

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

Position Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Office Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Office E-mail: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Personal E-mail: \_\_\_\_\_

Personal Phone Number: \_\_\_\_\_

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Name of Supervisor: \_\_\_\_\_

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

Office E-mail: \_\_\_\_\_

Office Phone: \_\_\_\_\_

As supervisor, I authorize the above named to borrow materials from the Manitoba Legislative Library with the understanding that I will be responsible for the borrowed items and may be held liable for any loss or damage.

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**Supervisor Signature**

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Please return the completed form (print or digital) to the location of your convenience.

Legislative Library (Main Branch)  
Room 100, 200 Vaughan Street  
Winnipeg MB R3C 0V8.  
Telephone 204-945-4330  
Legislative\_Library@gov.mb.ca

Legislative Reading Room  
Room 260, 450 Broadway  
Winnipeg, MB R3C 0V8  
Telephone 204-945-4243  
Reading@Manitoba.ca

**DO NOT WRITE BELOW THIS LINE**

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Approved by: \_\_\_\_\_ (Head, Reference Services) Date: \_\_\_\_\_