



Local Government Investment Pool

Ron G. Crane  
Idaho State Treasurer  
Idaho State Treasurer's Office

## AGENCY CONTACT INFORMATION – CHANGE FORM

The completed form can be faxed, scanned and emailed or mailed to the address below.

Please complete only the areas below which need to be changed (this form will replace previous contact information on file).

Authorization shall be indicated by an original signature on the bottom of this form, **by a member of the agency's governing board** (other than the current or new Contact Person listed below). We acknowledge that we have read the LGIP Investment Statement of Understanding and LGIP Investment Policy and agree to the terms and conditions stated therein, and any subsequent changes thereto. A copy of any changes to the Investment Statement of Understanding and Investment Policy will be provided to this agency upon request.

AGENCY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Additional Authorized Users:

Name:		Name:	
E-Mail:		E-Mail:	
Phone:		Phone:	

Remove Current Contact/Additional Users:

Name:		Name:	
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MAILING ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX : \_\_\_\_\_

The signature below, **by an authorized member of this agency's governing board**, will hereby authorize the State Treasurer to update our account files with the above information. Applicant will include a roster of current authorized board members, on its own letterhead, with this application and will be responsible for providing the STO any future updates to this information as they occur.

This authorization is to remain in full force and effect until the State Treasurer receives notification from us of its termination in such time and in such manner as to afford the State Treasurer and depository a reasonable opportunity to act on it.

NAME of Board Member: \_\_\_\_\_

TITLE of Board Member: \_\_\_\_\_

SIGNATURE of Board Member  
(authorized to act on behalf of above named agency)

DATE