



LGIP Participant Application

Use this form to apply to become a participant in the pool. Fax or mail this form to the fax number or address at the bottom of the page.

Participant Information

Entity Name <i>(Name to appear in pool records)</i>		Taxpayer Identification Number	Fiscal Year End <i>(Month and Day)</i>
Legal Name <i>(Name as filed with the IRS, if different from above)</i>		Entity Type <i>(See below list)</i>	
Contact Person	Phone Number	Fax Number	

Entity Types

- | | | |
|---|--|-------------------------------|
| City | Special Districts | Special Districts (Continued) |
| Commodity Commission | Cemetery | Road |
| Community College | Communications <i>(Emergency/911 only)</i> | Sanitary |
| Council of Governments | County Service | Soil & Water Conservation |
| County | Drainage | Transit |
| Education Service District | Fire/Ambulance | Vector |
| Housing Authority | Health | Water |
| School District/Charter School | Irrigation | Water Control |
| Semi-Independent State Agency | Library | Other Special District |
| Tribe | Park & Recreation | |
| Urban Renewal Agency | People's Utility | |
| Other <i>(excludes Special Districts)</i> | Port | |

Additional Required Documentation

You must submit the following additional documentation:

- ▶ Copy of governing body minutes/resolution authorizing participation in the pool

Certification and Acknowledgment

I certify that I am a local government official or tribal government official per ORS 294.805 and that I have the consent of the governing body of the entity named above to invest up to the maximum amount per ORS 294.810 in the Oregon Local Government Investment Pool. I also acknowledge that I have read and understand the LGIP Information Statement.

Authorized Representative Signature		Authorized Representative Name		Date
Title	Phone Number	Ext.	E-mail Address	

TREASURY USE ONLY	
Treasury Representative Signature	Date

POOL USE ONLY		
	DATE	INITIALS
Processed		
Confirmed		