



Oregon State Treasury

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

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

Entity Type

City	<i>Special Districts (Continued)</i>	<i>Special Districts (Continued)</i>
Community College	County Service	Road
County	Drainage	Sanitary
Education Service District	Fire/Ambulance	Soil & Water Conservation
School District	Hospital/Health	Transit
Tribe	Irrigation	Vector
<i>Special Districts</i>	Library	Water
Cemetery	Park & Recreation	Water Control
Communications	Port	Other Special District
Council of Government	Public Utility	

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 local government or tribal government 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		