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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

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

Entity Types

City
Commodity Commission
Community College
Council of Governments
County
Education Service District
Housing Authority
School District/Charter School
Semi-Independent State Agency
Tribe
Urban Renewal Agency
Other (excludes Special Districts)

Special Districts
Cemetery
Communications (Emergency/911 only)
County Service
Drainage
Fire/Ambulance
Health
Irrigation
Library
Park & Recreation
People's Utility
Port

Special Districts (Continued)
Road
Sanitary
Soil & Water Conservation
Transit
Vector
Water
Water Control
Other Special District

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 *Please print, sign and date this form with blue or black ink*	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		

Oregon LGIP | PO Box 11760 | Harrisburg, PA 17108-1760 | Phone 855.678.5447 | Fax 888.535.0120 | oregon.gov/lgip