



**California State Treasurer's Office
Local Agency Investment Fund (LAIF)**

Request for Agency Address Change

Date: _____

LAIF Account #: _____

Agency Name: _____

Attention (title only): _____

New Mailing Address: _____

Phone Number: _____

Two authorized signatures required. Each of the undersigned certifies that he/she is authorized to execute this form under the agency's resolution, and that the information contained herein is true and correct.

Signature

Print Name

Title

Phone Number

Signature

Print Name

Title

Phone Number

Please provide email address to receive LAIF email notifications.

| Name | Email |
|------|-------|
| | |
| | |

Please email the completed form for review to laif@treasurer.ca.gov and allow 2 days for a response. **DO NOT** mail the original form until you receive approval.

Mail the approved form to: CA State Treasurer's Office
Local Agency Investment Fund
P.O. Box 942809
Sacramento, CA 94209-0001

Address Change Form Instructions:

Step 1: Fill out your agency information in the top section.

Date:

LAIF Account #:

Agency Name:

Step 2: Fill out the attention section which should be by title only. Fill out the new mailing address including the address, city, state, and zip code.

Attention (title only):

New Mailing Address:

Phone Number:

Step 3: Fill out the bottom section if anyone from your agency would like to receive email notifications from LAIF.

Please provide email address to receive LAIF email notifications.

Name

Email

| Name | Email |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Step 4: Have the form signed by two individuals authorized per your LAIF resolution.

Step 5: Email copies of the Agency Address Change form to laif@treasurer.ca.gov for review. Once you receive approval from LAIF staff, please mail the original Address Change form with the wet signatures.