



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

Request for Agency Address Change

Date: _____

LAIF Account #: _____

Agency Name: _____

Attention (title only): _____

New Address: _____

Telephone: _____ Fax: _____

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

Telephone

Signature

Print Name

Title

Telephone

Please provide email address to receive LAIF email notifications.

Name	Email

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