REQUEST FOR SAFEKEEPING

To:	West Virginia State	e Treasurer's Office		
From:				
Date:				
Subject:	Request for Safeke	eping Securities or Documer	nts	
			er's Office accept for safekeepin as of the State Agency described	
Name of	f agency:			
Address	:			
Telephor	ne Number:			
FEIN:				
Authorize	ed Signature	Da	te	
Name (P)	lease Print)	Tit	le (Please Print)	
Please li	ist below other employ	vees authorized to place items	in, or withdraw them from, Safe	keeping:
(Printed 1	Name)	(Title)	(Signature)	(Date)
(Printed 1	Name)	(Title)	(Signature)	(Date)
(Printed 1	Name)	(Title)	(Signature)	(Date)
Printed (1	Name)	(Title)	(Signature)	(Date)

AGENCY MUST ADVISE THE STATE TREASURER'S OFFICE IN WRITING OF ANY CHANGE IN AUTHORIZED PERSONNEL AND COMPLETE AN UPDATED REQUEST FORM