

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0572-0051. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information

United States Department of Agriculture Rural Utilities Service REQUEST FOR MAIL LIST DATA		BORROWER DESIGNATION	
		TAX IDENTIFICATION NUMBER	
LEGAL NAME		PRIMARY E-MAIL ADDRESS	
CORRESPONDENCE ADDRESS STREET 1 2 3 CITY STATE ZIP		WEBSITE URL	
		REGULAR BOARD MEETING HELD ON	
PHYSICAL ADDRESS STREET 1 2 3 CITY STATE ZIP		DATE SET FOR NEXT ANNUAL MEETING (mm-dd-yy)	
		PHONE NO.	FAX NO.
CORPORATE OFFICIALS			
NAME (Salutation, First, Middle, and Last)		MAILING ADDRESS (include P.O. Box, Street Address or Rural Route, City, State, and Zip Code)	
MANAGER OR CEO	STREET 1		
_____	2		
TITLE _____	3		
	CITY	STATE	ZIP
PRESIDENT	STREET 1		
_____	2		
TITLE _____	3		
	CITY	STATE	ZIP
VICE PRESIDENT	STREET 1		
_____	2		
TITLE _____	3		
	CITY	STATE	ZIP
SECRETARY	STREET 1		
_____	2		
TITLE _____	3		
	CITY	STATE	ZIP
TREASURER	STREET 1		
_____	2		
TITLE _____	3		
	CITY	STATE	ZIP
_____	STREET 1		
	2		
TITLE _____	3		
	CITY	STATE	ZIP
_____	STREET 1		
	2		
TITLE _____	3		
	CITY	STATE	ZIP
_____	STREET 1		
	2		
TITLE _____	3		
	CITY	STATE	ZIP

CORPORATE OFFICIALS (Continue)		
NAME (Salutation, First, Middle, and Last)	MAILING ADDRESS (include P.O. Box, Street Address or Rural Route, City, State, and Zip Code)	
TITLE _____ _____	STREET 1 2 3 CITY	STATE ZIP
TITLE _____ _____	STREET 1 2 3 CITY	STATE ZIP
TITLE _____ _____	STREET 1 2 3 CITY	STATE ZIP
TITLE _____ _____	STREET 1 2 3 CITY	STATE ZIP
RELATED ORGANIZATIONS		
NAME OF ORGANIZATION	MAILING ADDRESS (include P.O. Box, Street Address or Rural Route, City, State, and Zip Code)	
ATTORNEY	STREET 1 2 3 CITY PHONE	STATE ZIP
C.P.A.	STREET 1 2 3 CITY PHONE	STATE ZIP
CONSULTING ENGINEER	STREET 1 2 3 CITY PHONE	STATE ZIP
DATE PREPARED (mm-dd-yy)	SIGNATURE	TITLE