

**State Treasury of Mississippi  
Statewide Collateral Pool Program Survey**

Entity name: \_\_\_\_\_

Entity Mailing  
Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Fiscal Year End: \_\_\_\_\_

**Bank Account Information**

Bank Name	Acct Number	Tax ID # on Acct	Balance as of 3/31/03

If you need additional space, please attach a separate schedule. If you do not have bank accounts, please write "none" across the chart and return to our office. Please return the completed survey to the State Treasury Department, Attn: Collateral Department, PO Box 138, Jackson, MS 39205. You may also fax your response to 601-359-2001 or email the information to [Collateral@treasury.state.ms.us](mailto:Collateral@treasury.state.ms.us).