TRUSTEES’ CONTACT SHEET

*(Trustees to submit to STO upon receipt of escrow agreement from Contractor.)*

|  |  |
| --- | --- |
| CSU CAMPUS | {Insert full name of campus} |
| **Main Contact Information** |
| **CONTACT** |  |
| **TITLE** |  |
| **PHONE** |  |
| **FAX** |  |
| **EMAIL** |  |
| **MAILING ADDRESS** |  |
| **Back-up Contact Information** |
| **BACK-UP CONTACT** |  |
| **TITLE** |  |
| **PHONE** |  |
| **FAX** |  |
| **EMAIL** |  |

Submit to: State Treasurer’s Office

 Securities Management Division

 Attn: Robin Deller

 915 Capitol Mall, Room 117

 Sacramento, CA 95814