

TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM
FORM 603 – GOVERNING ENTITY CONTACT INFORMATION

1. LOCAL ENTITIES: Enter the name of the Participating Department and the Governing Entity.

DEPARTMENT NAME:			
GOVERNING ENTITY NAME:			

2. SIGNATORY: Enter the name and contact information for the person authorized to enter into contracts on behalf of the Governing Entity.

SIGNATORY NAME:			
TITLE:			
SIGNATORY E-MAIL ADDRESS:			
Signatory Mailing Address:			
City/State/Zip Code:			
Signatory Street Address:		Phone Number:	
City/State/Zip Code:		Fax Number:	

3. FINANCE: Enter the name and contact information for the person responsible for financial transactions on behalf of the Governing Entity.

NAME:			
TITLE:			
FINANCE E-MAIL ADDRESS:			
Finance Mailing Address:			
City/State/Zip Code:			
Finance Street Address:		Phone Number:	
City/State/Zip Code:		Fax Number:	

4. PRIMARY CONTACT: Enter the name and contact information for the person assigned as the primary contact for the Governing Entity.

NAME:			
TITLE:			
CONTACT E-MAIL ADDRESS:			
Primary Contact Mailing Address:			
City/State/Zip Code:			
Primary Contact Street Address:		Phone Number:	
City/State/Zip Code:		Fax Number:	

5. SIGNATURE: Enter the name and title of the person providing the above information.

Name:		Title:	
Signature:	X	Date:	