



## Kansas City Financial Center Customer Advisory Board Designation Form

**Agency Name/Organization:** \_\_\_\_\_

**Agency Acronym:** \_\_\_\_\_

**Agency ALC:** \_\_\_\_\_

**Agency Head Title /Position:** \_\_\_\_\_

**Agency Head Phone #:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**The following persons are designated to represent the agency on the Customer Advisory Board:**

**Primary Representative:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Backup Representative:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Fax#:** \_\_\_\_\_

**Signed:** \_\_\_\_\_  
**Agency Head/Title**

**Please fax the completed form to Lauren Ray of the Financial Services & Support Branch.  
The fax number is (816) 414-2192. If you have any questions, please email  
KFCCAB@fms.treas.gov.**