



CRA PUBLIC FILE REQUEST FORM

CONTACT INFORMATION		
Name:		
Phone:		
Email:		
Address:		
City:	State:	ZIP Code:
Organization (if applicable):		
Contact Person (if different than above):		
Contact Phone:		
Email:		
Mailing Address (if different than above):		
City:	State:	ZIP Code:
REASON FOR THE REQUEST (OPTIONAL)		
SEND COMPLETED FORM TO:		
State Bank Financial		
c/o Community Reinvestment Act Officer		
401 Main St		
La Crosse, WI 54601		
ENTER EMAIL ADDRESS HERE		
<i>A reasonable fee may be charged for each file requested to cover the expense of copying and mailing.</i>		
OFFICE USE ONLY		
Received by:	Date received:	
Processed by:	Date sent:	