



CRA PUBLIC FILE REQUEST

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:		
Community Reinvestment Act Department		
c/o Banner Bank		
101 SW Main St, Ste 154		
Portland, OR 97204		
CRA@bannerbank.com		
<i>A 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:	