

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 Union Bank, Inc.			
401 Second Street			
St Marys, WV 26170			
<u>CRA@hometownbanc.com</u>			
A fee may be charged for each file requested, to cover the expense of copying and mailing			
OFFICE USE ONLY			
Received by:		Date receive	d:
rocessed by:		Date sent:	