

APPOINTMENT OF AUDITOR ANNUAL NOTIFICATION

TO: Office of Policy and Management
Intergovernmental Policy Division
Municipal Finance Services

E-Mail: OPM.mfsforms@ct.gov Fax: (860) 418-6493 Tel: (860) 418-6400

FROM: Entity Name: _____
Entity Address: _____
_____ Zip: _____
Federal Employer Identification Number (FEIN): _____
Chief Fiscal Officer (Municipal): _____
Executive Director (Nonprofit): _____
Telephone (with area code): _____ Facsimile: _____
E-Mail Address: _____
Chair, Board of Directors (Nonprofit): _____
Telephone Number of Bd. Chairman: _____

1. Independent Accountant or Accounting Firm Performing the Audit:

Name: _____
Address: _____
_____ Zip: _____
State of CT Board of Accountancy CPA Firm Permit Number: _____
Audit Firm Federal Employer Identification Number (FEIN): _____
Contact Person & Title: _____
Telephone (with area code): _____ Facsimile: _____
E-mail address: _____

2. Fiscal Period of Audit: From: _____ To: _____
(beginning of fiscal year) (end of fiscal year)

3. Appointment Date of Auditor: _____

4. Name/Title of Appointing Authority: _____

Note: CT General Statutes 7-396 and 4-232 require this form to be submitted on an annual basis no later than 30 days prior to the fiscal year end of the entity to be audited. This form will not be accepted without a complete and accurate federal employer identification number of the entity and its auditor.