

**APPOINTMENT OF AUDITOR NOTIFICATION for
HOUSING AUTHORITIES**

To: Department of Housing (DOH)
Office of Asset Management
505 Hudson Street
Hartford, Connecticut 06106-7106
Tel. (860) 270-8204 **Fax (860) 706-5741** E-Mail Christina.keune@ct.gov

From: Housing Authority Name _____
Housing Authority Address _____

Zip _____
Chair, Board of Commissioners _____
Contact Person/Title _____
Contact Telephone () _____ Facsimile _____
Contact Internet E-Mail Address _____

The following information is furnished in compliance with Connecticut General Statutes 7-396 and/or 4-232:

1. Independent Accountant or Accounting Firm Performing the Audit:

Name _____
Address _____

Zip _____
State of CT Board of Accountancy CPA Firm Permit Number _____
Contact Person & Title _____
Telephone (with area code) _____ Facsimile _____
Internet E-mail address _____

2. Fiscal Period(s) of Audit From _____ To _____, From _____ To _____

3. Appointment Date of Auditor _____, **Name/Title of Appointing Authority** _____