



FISCAL HEALTH MONITORING SYSTEM

AUDITOR ACCESS FORM

TO: Office of Policy and Management
Municipal Finance Services
OPM-FHMS@CT.GOV

Date: _____

I, _____, am a partner with report signing authority with
(Name of Partner)

_____ and would like to be given access to the Fiscal
(Name of Audit Firm)

Health Monitoring System (FHMS).

Contact Information:

Email: _____

Telephone: (_____) _____

Signature*

** Signature is required confirming system administrative access to the FHMS.
Electronic signature is acceptable.*