APPOINTMENT OF AUDITOR ANNUAL NOTIFICATION

**TO:** Municipal Finance Services Complete this fillable form and return by e-mail attachment to the

Office of Policy and Management e-mail address below. For questions on this form please contact us

450 Capitol Avenue, MS#54MFS at the telephone number indicated below.

Hartford, CT 06106-1379

**E-Mail:** [**OPM.mfsforms@ct.gov**](mailto:OPM.mfsforms@ct.gov) **Telephone:** (860) 418-6400

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

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

1. Independent Accountant or Accounting Firm Performing the Audit:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Firm Name: |  | | | | | | | | | | |
| Firm Address: |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
| State of CT Board of Accountancy CPA Firm Permit: | | | | | | | | |  | | |
| Audit Firm Federal Employer Identification Number: | | | | | | | |  | | | |
| Contact Person & Title: | | | |  | | | | | | | |
| Telephone (with area code): | | | | |  | | | | | | |
| Email 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: C.G.S. 7-396 and 4-232 require [this form](http://www.ct.gov/opm/cwp/view.asp?a=2984&q=386070) 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](http://www.ct.gov/opm/cwp/view.asp?a=2984&q=386070) will not be accepted without a complete and accurate federal employer identification number of the entity and its auditor. 4/22/19