

## **APPOINTMENT OF AUDITOR ANNUAL NOTIFICATION**

Please complete this fillable form and return by e-mail attachment to OPM.mfsforms@ct.gov

Entity Name:	
Entity Address:	
	FEIN):
Chief Eigeel Officer	
	Email Address:
Audit Firm Namer	compliance with CT General Statutes 7-396 and/or 4-232
Audit Firm Address:	
State of CT CPA Firm Permit:	Audit Firm FEIN:
Contact Person:	
Telephone (w/ area code):	Email Address:
Fiscal Period of Audit: From:	(beginning of fiscal year)  To:  (end of fiscal year)

Note: C.G.S. 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.