

APPOINTMENT OF AUDITOR ANNUAL NOTIFICATION

TO: Municipal Finance Services
Office of Policy and Management
Telephone: (860) 418-6400

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

FROM: Entity Name: _____

Entity Address: _____

Federal Employer Identification Number (FEIN): _____
Chief Fiscal Officer: _____
Executive Director/CEO: _____
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](#) 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.