## EXTENSION REQUEST FOR FILING FINANCIAL AND STATE SINGLE AUDITS

Complete the form below and return by e-mail attachment to: <a href="mailto:OPM.mfsforms@ct.gov">OPM.mfsforms@ct.gov</a> at least 30 days prior to the end of the 6-month filing period.

Pursuant to C.G.S. 7-393 and/or	S.S.A. Regulation	on 4-236-25, a day e	extension
for filing the//	_ Audited Finan	icial Statements State Single Au (Check applicable repo	dit is
	for	(	
(New filing date)		(Name of entity)	
Entity Federal Employer Identifi	cation Number (	(FEIN):	
Entity Address			
		Zip	
Contact Person & Title			
Telephone ( )	Email		
Specific Reasons For the Requ	est: (Requests will	not be approved if specific reasons are not pr	rovided)
List State Agency(s) providing (To be completed by entity receiving			
Requested by:			
<u> </u>	ounting Firm		
F			
		Zip	
Talanhana ( )	Emoil		
rerephone ()	Elliali		
Independent Auditor's Name		Independent Auditor's Signature	 Date
Chief Executive Officer's Name		Chief Executive Officer's Signature	 Date
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Extension Approved Denie	d Date	M ACTION ONLY _//_ For OPM	
	d Date	M ACTION ONLY	
Extension Approved Denie  Date Auditor Emailed :	d Date	M ACTION ONLY _//_ For OPM	//_

04/22/19