EXTENSION REQUEST FOR FILING FINANCIAL AND STATE SINGLE AUDITS

Pursuant to C.G.S. 7-393 and/or S.S.A. Regulation 4-236-25, Complete the form below and return by e-mail attachment to OPM.mfsforms@ct.gov at least 30 days prior to the end of the 6-month filing period.

Name of Entity:	Fiscal Year End:	/	_/
Entity Address:	Zip	:	
Contact Person & Title:			
Telephone: () Email:			
One-month extension:			
Requested until/ for Audited Financial Statements	State Single Audit Check applicable reports)		
Accounting Firm:			
Telephone: () Email:			
Complete the Schedule on page two of this form identifying each the audit report. Your extension request will not be approved v			
Independent Auditor's Name Independent Audi	itor's Signature	Date	-
Chief Executive Officer's Name Chief Executive Of	ficer's Signature	Date	-
FOR OPM ACTION ONLY: Extension Approved Date	Approved By		

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Item / Issue	Information or Action Needed	Name of Person Responsible / Title	Planned Completion Date	Comments / Explanation