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** **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