

**OFFICE OF THE STATE AUDITOR
SUITE 500
525 PARK STREET
SAINT PAUL, MINNESOTA 55103**

**REQUEST BY GOVERNING BODY OF CITY, TOWN, SCHOOL DISTRICT OR
OTHER LOCAL GOVERNMENT FOR AUDIT/EXAMINATION OF ACCOUNTS AND
AFFAIRS**

We, the undersigned members of the governing body of

(State name of city, town, school district or other local government)

situated in the County of _____, Minnesota, do hereby
request the STATE AUDITOR, pursuant to law, to audit the books, records, accounts and affairs
of said _____ for the period from _____, _____, to _____, _____.

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

I hereby certify that an appropriate resolution has been passed, that the above request has been
presented to me, and that the names appearing thereon are the names and signatures of a majority
of the _____, the governing body of said _____
(State name of governing body)
as required by law.

(Date)

(Clerk or Recording Officer)

INSTRUCTIONS:

The law requires that the foregoing request be signed by a majority of the members of the governing body of the
city, town, school district, or other local government making the request. The request must be presented to the clerk
or recording officer of said city, town, or school district, who is required to determine that an appropriate resolution
has been passed, that it has been signed by a majority of the members of such governing body, and to certify thereto
before the request is submitted to the State Auditor. When properly executed, this request should be forwarded to:

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SAINT PAUL, MINNESOTA 55103**