**MISSOURI STATE AUDITOR**

**REQUEST FOR PETITION AUDIT**

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Name of political subdivision to audit:

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County(ies) in which political subdivision is located:

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Name of contact person:

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Mailing Address:

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E-mail:

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Phone number(s):

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Best time to call:

**PLEASE NOTE** - The name of the individual to whom the petition signature form is mailed **will be public** pursuant to Chapter 610 of the Missouri Revised Statutes.

Please complete the petitioner concern list on the next page.

Return to:

Missouri State Auditor's Office

P.O. Box 869

Jefferson City, MO 65102

**MISSOURI STATE AUDITOR**

**REQUEST FOR PETITION AUDIT**

**CONFIDENTIAL INFORMATION**

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Name of political subdivision to audit:

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Name of contact person:

The following information will remain confidential as part of our audit record.

Please list the concerns you would like the State Auditor to review as part of this audit. These should be listed in order of importance to the petition group. An Audit Manager will call and discuss these concerns with you prior to mailing the petition signature form. Please remember that the State Auditor limits the audit to the current time period and most recently completed fiscal year. Although all concerns will be evaluated and considered for inclusion in the audit, the State Auditor's office determines the scope of the audit, and some concerns will not be audited based on auditor judgment. It is important that you include as much information as possible so that we can determine the scope of the expected audit and the estimated cost range. Additional pages may be attached, as needed.

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