## For Agency Use Only

Date Request Received



## **Petition Audit Request Form**

## **General Information**

Under North Dakota law (NDCC 54-10-15), the North Dakota State Auditor's Office may be called on to audit or review any political subdivision of the state if enough qualified voters of that political subdivision request the audit/review.

Completion of this form is an important step in initiating a petition audit and providing information necessary to facilitate the petition audit process and is **required** to obtain a petition signature form. Incomplete forms will not be considered.

It is important to note that petition audits are financial audits, not performance audits. A financial audit verifies the accuracy of an organization's financial statements, while a performance audit assesses how efficiently and effectively an organization is achieving its objectives.

Political Subdivision to Audit					
Political Subdivision Name		County or Coun	County or Counties in which located		
Chief Petitioner Contact Information					
Last Name		First Name	First Name		
Mailing Address					
City County		nty		Zip	
Home Phone	Cell Phone	Email			
Please indicate the best time to contact you and the preferred method.					
Please Complete the Concern List on the Next Page					

After the Petition Audit Request form is received by our office, the State Auditor's Office will call and discuss the listed concerns with you before providing the signature form. Please remember that the State Auditor generally limits the audit to the most current year that needs to be completed. The scope of the audit may be revised as determined by the audit team. 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 may not be audited based on auditor judgment.

## **Chief Petitioner Concern List**

The following information and any additional information provided **will remain confidential** as part of the 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.** It is important that you include **as much information as possible** so that we can determine the scope of the expected audit and estimate the audit cost range. Additional pages may be attached as needed. Additionally, if you have any materials or documents related to your concern(s), **please attach them to this request.** Details that can be helpful, if known, include dates, names, company names, costs, etc. TO RETURN please mail to: NORTH DAKOTA STATE AUDITOR'S OFFICE ATTN: PETITION AUDIT

600 E. Boulevard Ave. Dept. 117 | Bismarck, North Dakota 58505

er fax to 701-328-2345





Office of the State Auditor

NORTH DAKOTA STATE AUDITOR JOSHUA C. GALLION

MD.gov/Auditor NDSAO@nd.gov (701-328-2441
Facebook.com/NDStateAuditor YouTube.com/@NDStateAuditor