

STATE AUDITOR
Joshua C. Gallion



Office of the
State Auditor

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STATE OF NORTH DAKOTA
OFFICE OF THE STATE AUDITOR
STATE CAPITOL
600 E. Boulevard Ave. Dept. 117
Bismarck, North Dakota, 58505

ndsao@nd.gov

PETITION FOR FINANCIAL AUDIT

We, the undersigned, being qualified electors request an audit authorized by North Dakota Century Code 54-10-15. The state auditor shall audit and review the books, records, and financial accounts of _____, which is a political subdivision enumerated in North Dakota Century Code 54-10-14.

This audit will be charged to the political subdivision that is the subject of this petition as set forth in North Dakota Century Code 54-10-15.

CHIEF PETITIONER

The following is the name and address of the qualified elector of the political subdivision who, as the chief petitioner for the petitioners, represents and acts for the petitioners in accordance with law:

Top three (3) major concerns

Name: _____

Address: _____

City: _____, ND Zip: _____

Contact #: _____

Contact Email: _____

1) _____

2) _____

3) _____

**BEFORE COLLECTING SIGNATURES, PLEASE FILL OUT THE ABOVE INFORMATION AND
E-MAIL OR MAIL TO THE STATE AUDITOR'S OFFICE AT:**

Mail: NDSAO
600 E. Blvd. Ave. Dept. 117
Bismarck, ND 58505

Email: NDSAO@ND.GOV

The State Auditor's Office will notify you at the above contact information provided, that the petition has been approved and can be circulated for signatures. Do not start collecting signatures until our office has let you know approval status.

INSTRUCTIONS FOR PETITION

HOW TO CIRCULATE: Each individual Petition must be circulated in its entirety with the completed information shown above and must be made available to each signer at the time of signing. Each person collecting signatures shall sign and have his or her signature on the petition notarized affirming that the signatures are of qualified electors.

Only qualified electors of the political subdivision may sign the petition. In addition to signing and printing the person's name, petition signers shall include: the date of signing; their complete residential address to include the name of the North Dakota city and its corresponding ZIP code.

For a petition to be sufficient, it must contain signatures from at least thirty-five percent of the qualified electors of any political subdivision enumerated in section 54-10-14 voting for the office of governor at the preceding general election or, in the case of school districts, upon petition of at least thirty-five percent of the qualified electors voting at the preceding school board election.

Incomplete information provided by petition signers will invalidate such signatures.

WHO FILES: The Petition must be submitted by the chief petitioner to the State Auditor before the petitions are circulated and after signatures have been gathered.

WHEN TO FILE: 180 days from the approval of the petition for circulation by the State Auditor's Office.

ASSISTANCE: Questions regarding the Petition may be directed to the State Auditor's office at (701) 328-2241.

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INSTRUCTIONS TO PETITION SIGNERS

You are being asked to sign a petition. You must be a qualified elector. This means you are eligible to vote in the political subdivision subject to this petition. All signers shall legibly print their name, complete residential address, and the date of signing on the petition. Every qualified elector signing a petition must do so in the presence of the individual circulating the petition.

QUALIFIED ELECTORS

Month/Day /Year	PRINTED Name of Qualified Elector	SIGNED Name of Qualified Elector	Residential Address	City, State, ZIP Code
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

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Month/Day /Year	PRINTED Name of Qualified Elector	SIGNED Name of Qualified Elector	Residential Address	City, State, Zip Code
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				

We, the undersigned, being qualified electors request an audit authorized by North Dakota Century Code 54-10-15. The state auditor shall audit and review the books, records, and financial accounts of _____, which is a political subdivision enumerated in North Dakota Century Code 54-10-14.

Month/Day /Year	PRINTED Name of Qualified Elector	SIGNED Name of Qualified Elector	Residential Address	City, State, Zip Code
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				

State of North Dakota

County of _____
(County where signed)

I, _____, being sworn, say that I am a qualified elector; that I reside at
(circulator)

(address);

that each signature contained on the attached petition for the state auditor to audit and review the books, records, and financial accounts of _____ was executed in my presence; and that to the best of my knowledge and belief each individual whose signature appears on the attached petition is a qualified elector; and that each signature contained on the attached petition is the genuine signature of the individual whose name it purports to be.

(Signature of circulator)

Subscribed and sworn to before me on _____, 20_____, at _____, North Dakota
(city)

(Notary Stamping Device)

(Signature of notarial officer)