

OFFICE OF THE STATE AUDITOR
STATE OF MINNESOTA
525 Park Street, Suite 500
Saint Paul, Minnesota 55103

PETITION FOR AUDIT/EXAMINATION OF A COUNTY
PURSUANT TO MINN. STAT. § 6.54

The entire cost of the audit, requested herein, must be paid for, under the law, by the county mentioned below

We, the undersigned, are registered voters of the County of _____, Minnesota, do hereby petition the State Auditor, pursuant to law, to examine the books, records, accounts, and affairs of the above said county, covering the period from _____, _____, to _____, _____. We the undersigned petitioners, also request that a copy of the final audit report be sent to:

Name: _____

Address: _____

	Signature	Print Name	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____