

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

**PETITION FOR AUDIT/EXAMINATION OF A SCHOOL DISTRICT**  
**PURSUANT TO MINN. STAT. § 6.54**

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

We, the undersigned, are eligible voters of Independent School District \_\_\_\_\_,  
County of \_\_\_\_\_, Minnesota, do hereby petition the State Auditor,  
pursuant to law, to examine the books, records, accounts, and affairs of the above said school  
district, covering the period from \_\_\_\_\_, \_\_\_\_\_, to \_\_\_\_\_, \_\_\_\_\_.

We the undersigned petitioners, also request that a copy of the final audit report be sent to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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