



Government Auditing Firm Interest Form

Please fill out the form below and return it to the MNCPA. Please note your firm must have at least one MNCPA member to be listed.

Firm: _____

URL: http://_____

Address: _____

City: _____ State: _____ Zip: _____

Contact name: _____

Contact phone: _____ Contact fax: _____

Contact email: _____

(If the MNCPA receives an RFP from a government entity, the person on this form will be contacted via email with the details.)

Firm description:

Audit Information:

Audit(s) offered (select all that apply):

- City
- County
- School
- Special Districts

Please mail completed form to:

Minnesota Society of CPAs
1650 West 82nd Street, Suite 600
Bloomington, MN 55431-1458

Or fax the completed form to (952) 831-7875