**Municipal School Audit Exception Request**

(Exception will cover two fiscal years)

**Municipality:**

**Municipality fiscal year end date:**

**Fiscal years school audit exception is requested for:**

**In order to receive the exception, the following conditions must be met:**

* The requesting municipality does not operate its own school
* The annual municipal audit will be provided to Maine DOE

**By signing below, I certify that the above conditions are true, and I assure the annual municipal audit will be forwarded to the Department in a timely manner.**

Superintendent Signature Date

Print Superintendent Name

[**Audit exception statute requirements**](http://legislature.maine.gov/statutes/20-A/title20-Asec6051.html)

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