

ANNUAL REPORT CERTIFICATION

(Official Name of Government)

MCAG No.

Submitted pursuant to RCW 43.09.230 to the Washington State Auditor's Office

For the Fiscal Year Ended _____, 20__

GOVERNMENT INFORMATION:

Official Mailing Address _____

Official Website Address _____

Official E-mail Address _____

Official Phone Number _____

PREPARER INFORMATION and CERTIFICATION:

Preparer Name and Title _____

Contact Phone Number _____

Contact E-mail Address _____

I do hereby certify _____ day of _____, 20__, that annual report information is complete, accurate and in conformity with the Budgeting, Accounting and Reporting Systems Manual, to the best of my knowledge and belief, having reviewed this information and taken all appropriate steps in order to provide such certification.

Moreover, I acknowledge and understand that management and the governing body are responsible for:

- The design and implementation of policies and procedures to safeguard public resources and ensure compliance with applicable laws and regulations, including internal controls to prevent and detect fraud.
- Compliance with applicable state and local laws and regulations.
- Immediately submitting corrected annual report information if any error in submitted information is subsequently identified.

Preparer Signature: _____