

New Entity Creation or Dissolution Notification

Entities should complete this form and submit it to their local audit team to begin the process of scheduling an audit. *** identifies required fields.**

Audit teams will verify information and forward to the SAO fiscal department for processing, at which time an MCAG identifier will be assigned to the entity.

*Legal Name:	
DBA (if applicable):	
Acronym (if applicable):	
*Date of Establishment:	
*Authorizing RCW:	
*Date of Dissolution:	
Method of Dissolution:	
*Fiscal Year End:	
*Billing Address:	
*County:	
*Entity Liaison Name:	
*Contact Phone Number:	
*Contact E-mail Address:	
Entity Website:	
Form Completed By:	

The following information is to be completed by the State Auditor's Office audit team.

Responsible Team:	
Government Type:	
Audit Type:	Onsite Audit – if onsite audit, submit BUCO with this form to the BUCO mailbox Assessment Audit – if assessment audit, no BUCO required, cc Lisa Tagman when sending this form to the BUCO mailbox

The following information is to be completed by the State Auditor's Office fiscal department.

Date Notified:	
MCAG:	