



Information Form for Reopening Accounting Period

County Name: _____

Office: _____

Phone Number: _____

Email Address: _____

Period to be reopened: _____

Reason for reopening:

Requesting Official's Signature

Date

Please fax or email this request to Local Government Corporation.

Fax: (931) 380-1258 ATTN: Phone Support Department

A copy of this request will be sent to the Division of County Audit.