



**Information Form for Reopening Accounting Period**

**County Name:** \_\_\_\_\_

**Office:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Period to be reopened: \_\_\_\_\_

Reason for reopening:

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\_\_\_\_\_  
**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.*