

External Audit Notification Form to Auditor-Controller

Department Name:	
Contact Person:	Title:
Telephone Number:	E-Mail Address:
Date: _____ <div style="text-align: center; font-size: small;"> Month Date Year </div>	

AS REQUIRED BY BOARD OF SUPERVISORS POLICY 4.055, WE ARE NOTIFYING YOUR OFFICE OF THE FOLLOWING EXTERNAL AUDIT BEING CONDUCTED BY AN EXTERNAL ENTITY:

- Inception of an External Audit** (Notification from external auditor attached)
- High Priority Finding(s)** (Please complete the highlighted section below)
- Completion of an External Audit** (Report attached) **Completion Date:** _____

<i>Please complete all applicable sections</i>	
Agency Conducting Review:	
Program or Activity Audited:	
Period Covered:	
Audit Scope/Subject:	
Anticipated Start & End Date:	
<div style="background-color: yellow; padding: 2px;">If High Priority Findings are identified, please provide a brief description of the findings:</div>	
Check box if Supporting Documents are Attached <input type="checkbox"/>	

E-mail this form, audit notification, and other supporting documents to:
ExternalAudits@auditor.lacounty.gov.

Questions, please e-mail us at:
ExternalAudits@auditor.lacounty.gov.