

This form can either be printed and then filled out by hand or filled out online and then printed.

To fill this form out online, be sure the lines which are to be filled out are highlighted in gray: if they are not, click on the "Highlight Fields" button in the upper right-hand corner of this form. Once the lines are highlighted, click inside of each one and type in the appropriate information.

Office of the State Auditor
CTAS Order Form
(For City, Township or Special District use only.)

Entity Name: _____

Entity Type (check one): City Town Special District

County: _____

Primary Contact Name: _____

Title: _____

Street Address*: _____

City/Town: _____

State: _____

Zip Code: _____

Phone Number*: _____

E-mail Address*: _____

* -- Please provide the street address, e-mail address, and telephone numbers for the work location at which you conduct local government business.
THIS INFORMATION IS PUBLIC; IT WILL BE AVAILABLE ON REQUEST.

CTAS Price: \$300.00 per entity.

***Please make check payable to:* Minnesota State Auditor**

Remit Check with this form to: **Office of the State Auditor**
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525 Park Street
St. Paul, MN 55103-2139