

FINANCIAL REVIEW FEE

Fiscal Year Ended June 30, 2025

Entity Name

Address

City

State

Zip

ARM 2.4.410 requires that a local government entity selected for a financial review under the provisions of Section 2-7-503(3)(b), MCA must pay a fee of **\$75**.

Please sign and date this form and return it with a check or warrant made payable to "State Treasurer" in the amount of \$75 to:

Montana Department of Administration
Local Government Services
125 N. Roberts St., Room 255
PO Box 200547
Helena, MT 59620-0547

(Signature of Authorized Official)

(Title)

(Date)