

Attachment 6: Audit Committee Approval Request Form

[Date]

Michelle Bohlayer
County Auditor, Office of the County Auditor
60 West Street, Suite 405
Annapolis, Maryland 21401

Dear Ms. Bohlayer:

I am submitting the following members for your approval to form an Audit Committee to perform the audit of the [SCBD Name] for fiscal year 2024. The following committee members are independent of the Board of Directors (Board) in the current year and in the fiscal year under audit. They do not currently serve on the Board and were not on the Board in the year under audit. They are not immediate relatives of any current Board members or the Board members in office during the year under audit. The proposed members are:

[Committee Member Name – Typed]
[Committee Member Address]
[Committee Member Phone Number]
[Committee Member Email Address]

(Committee Member - Signed) (Date)

[Committee Member Name – Typed]
[Committee Member Address]
[Committee Member Phone Number]
[Committee Member Email Address]

(Committee Member - Signed) (Date)

[Committee Member Name – Typed]
[Committee Member Address]
[Committee Member Phone Number]
[Committee Member Email Address]

(Committee Member - Signed) (Date)

Sincerely,

President or Treasurer