



Office of the Public Auditor

Commonwealth of Northern Mariana Islands

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Statement of Financial Interests Request Form

A copy of the Statement of Financial Interests will be available after ten a.m., one business day after this completed and signed request form is received by the Office of the Public Auditor (OPA).

Requestor's Full Name : _____
Requestor's Address : _____
Requestor's Telephone No. : _____

I am requesting a copy of my Statement of Financial Interests (Statement) for Calendar Year _____ for my personal records.

- I will personally pick up the Statement copy.
- Please mail a copy of my Statement to the address listed above.
- I hereby authorize _____ to pick up the
(Name of third party authorized to pick up Statement copy)
requested copy of my Statement from OPA and hereby authorize OPA to release the
requested copy to _____.
(Name of third party authorized to pick up Statement copy)

Requestor's Signature

Date