

STATEMENT OF INDEPENDENCE
As of Audit of _____ County
For Fiscal Year Ended September 30, 2018

I, the undersigned, do hereby certify that:

1. I hold no official, personal, or financial relationships that might cause me to limit the extent of inquiry, to limit disclosure, or to weaken audit findings in any way.
2. I hold no preconceived ideas toward any individuals, offices, or objectives of particular programs of County that could bias the audit.
3. I have had no previous involvement in a decision making or management capacity that would affect current operations of _____ County.
4. I hold no biases, including those induced by political or social convictions that result from employment in, or loyalty to, a particular group, organization, or level of government.
5. I hold no other impairments which would restrict my independence, and there are no circumstances in which I cannot be impartial because of my view or personal situation in performing an audit of _____ County.

Signature

Date

Joe E. McHugh
Branch Manager

10-1-2018

Gregory C. Lenn
Manager

10-1-2018

Beth A. Stuart
Manager

10.1.2018

Sallie Dier
Manager

10-1-2018

Supervising Senior

Auditor-in-Charge

Assistant Auditor

Assistant Auditor

Assistant Auditor
