



2027 User Authorization Form

Complete this form to authorize a specific individual ("Authorized User") to gain access and submission rights to the Office of the State Auditor's Form Entry System ("SAFES") and certain offline documents. This form is required if the individual is performing work on behalf of a local government, TIF authority, or fire relief association ("Entity") and is not an officer, employee or trustee of the Entity. Officers, employees and trustees of an Entity may request access to SAFES by submitting an email to the appropriate OSA Division(s), specified at the bottom of the form, with their contact information.

Authorized Users will be granted a unique user login that acts as a signature. It may not be used by or shared with anyone who is not the Authorized User. Access is valid through December 31, 2027, unless an earlier end date is entered here: _____. Access may be canceled at any time upon written request to the OSA.

The form must contain both signatures.

Requesting entity must complete the top section of the form. The bottom section must be completed by the authorized user.

Entity Information

Entity Name:	Email:
Contact Name:	Title:
For which OSA division(s) will the authorized user be submitting forms on behalf of the entity? ☐ Pension☐ Tax Increment Financing☐ Government Information Division	
By signing this form, I acknowledge and agree to the following: 1. I remain responsible for the accuracy of the data submitted and for ensuring that forms are submitted on time. 2. I will review for accuracy the information contained on the forms before the forms are submitted to the OSA. 3. My user-login acts as my signature. It is not public data and I will maintain it accordingly. 4. I understand that the information I provide on this form will be treated as "public" in the event of a data request. 5. I understand that information made available to the Authorized User is subject to the Minnesota Government Data Practices Act, Minn. Stat. ch. 13. See Minn. Stat. § 13.05, subds. 6 and 11. 6. I will withdraw this Authorization when the Authorized User's access to reporting forms is no longer required for my Entity.	
Signature of Entity Employee or Trustee:	Date:

Authorized User Information

Name:	Title:
Company:	Business Mailing Address:
Business Phone:	
Business Email:	
By signing this form, I acknowledge and agree to the following: 1. My user-login acts as my signature. It is not public data and I will maintain it accordingly. 2. I understand that the information I provide on this form will be treated as "public" in the event of a data request. 3. I understand that information made available pursuant to this Authorization is subject to the Minnesota Government Data Practices Act, Minn. Stat. ch. 13. See Minn. Stat. § 13.05, subds. 6 and 11.	
Signature of Authorized User:	Date:

Please submit the completed form by email, fax, or postal mail to applicable divisions.

Email: TIF@osa.state.mn.us

Pension@osa.state.mn.us

GID@osa.state.mn.us

Mailing Address:

Fax: (651) 296-4755 (TIF)

(651) 282-5298 (Pension)

(651) 296-4755 (GID)

525 Park Street, Suite 500
St. Paul MN 55103