



## New Authority / Regional Form

Authority/Regional Effective Date:

Entity Full Name:

County:

Municipalities Included:

Contact Name:

Contact Email Address:

Contact Phone Number:

Actuary:

Comments:

**Please download, complete, then email this form to: [MPRP@paauditor.gov](mailto:MPRP@paauditor.gov)**

**The section below is for use by the PA Department of the Auditor General.**

DCA Code:

DCA Short Code:

DCA Type:

Files AG385:

Files Act205:

Date of First AVR Filing:

Date of First AG385 Data:

Date to be added to MPARS:

Date to be added to DCED: