

Date \_\_\_\_\_

## Not-For-Profit Audit Request

**Company Name:** \_\_\_\_\_  
(Include DBA - if applicable)

**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_  
(Being audited)

**Zip Code:** \_\_\_\_\_

**Account #(s):** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Square Footage of Building:** \_\_\_\_\_

**Reason for Request:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Audit Requestor:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

Please download this form and fax it to:

John Pratnicki - Program Manager  
(631) 755-5381

Questions:  
John Pratnicki - Program Manager  
25 Hub Drive  
Melville, NY 11747  
(631) 755-5390