



**Gramatan Management  
2 Hamilton Avenue Suite 217  
New Rochelle, NY 10801**

## **Request for Co-op Audited Financial Statements**

**Name:** \_\_\_\_\_

**Property:** \_\_\_\_\_

**Year(s) Requesting:** \_\_\_\_\_

**Email Address to send statements:** \_\_\_\_\_

**Mailing Address to send statements:**  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Requesting Statement:** \_\_\_\_\_  
\_\_\_\_\_