

[Company Letterhead]

[Date]

[Lessor Name]

[Lessor Address]

[City, State, Zip Code]

**Subject: Audit Confirmation Request - Operating Lease Agreements**

Dear [Contact Person Name],

In connection with the audit of our financial statements, please confirm directly to our auditors, [Auditor Name], the details of the operating lease(s) held between [Your Company Name] and your organization as of [Audit Cut-off Date].

Please provide the following information for each lease agreement:

- Lease Agreement Number and Date.
- Description of the leased asset(s).
- Commencement and Expiration dates of the lease.
- Monthly/Quarterly lease payment amounts.
- Total unpaid lease obligations as of [Audit Cut-off Date].
- Details of any purchase options, renewal options, or termination penalties.
- Existence of any collateral or guarantees related to the lease.
- Any defaults or breaches of lease covenants as of the date above.

Please send your response directly to our auditors at the following address:

[Auditor Name]

[Auditor Address]

[Auditor Email/Contact Person]

Your prompt attention to this request is appreciated. Please sign below to confirm the accuracy of the information provided.

Sincerely,

[Authorized Signature]

[Name and Title]

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**Lessor Confirmation:**

The above information is ( ) Correct ( ) Incorrect (see attached details if incorrect).

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_