

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Department for Work and Pensions (DWP)]  
[Office Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Submission of Disability Living Allowance (DLA) Form

I am writing to submit my completed Disability Living Allowance (DLA) form, along with any supporting documentation required for my application. I appreciate your attention to this matter and look forward to your prompt response.

Please find attached the following documents:

1. Completed DLA form
2. [List any additional documents, e.g., medical reports, personal statement]

I would like to thank you for your consideration and support in processing my application. Should you require any further information or clarification, please do not hesitate to contact me.

Yours sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[National Insurance Number (if applicable)]