

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Department/Organization Name]
[Address]
[City, State, Zip Code]

Subject: Appeal for DLA Claim - [Your Claim Reference Number]

Dear [Recipient Name or 'To Whom It May Concern'],

I am writing to formally appeal the decision regarding my Disability Living Allowance (DLA) claim, reference number [Your Claim Reference Number].

Upon reviewing the decision made on [Date of Original Decision], I believe that my case requires reconsideration due to [briefly state the reason, e.g., new evidence, reconsideration of disability condition, etc.].

[Include a detailed explanation of your situation, any supporting evidence, and how it relates to the criteria for DLA payments.]

I have attached [list any documents you are enclosing, such as medical reports, personal statements, or other relevant information] to support my appeal.

I respectfully request a thorough review of my claim and look forward to your positive response.

Thank you for your attention to my appeal.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]