

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

[Date]
[Recipient's Name]
[Title/Department]
[Organization Name]
[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Submission of DLA Form

I hope this letter finds you well.

I am writing to submit my completed Disability Living Allowance (DLA) form as requested. Enclosed with this letter, you will find the following documents:

1. Completed DLA application form
2. Supporting medical documents
3. Any additional information as required

I understand the importance of providing accurate and complete information for my claim. Should you need any further details or documentation, please do not hesitate to contact me at the phone number or email address provided above.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]