

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

[Health Agency Name]  
[Agency Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Registration for Health Agency

I am writing to formally request the registration of [Your Organization Name] as a health agency with [Health Agency Name].

[Provide a brief introduction of your organization, its mission, and services offered.]

We believe that partnering with [Health Agency Name] will enhance our ability to serve our community effectively.

Enclosed are the necessary documents for the registration process:

1. [List of documents]
2. [List of documents]
3. [List of documents]

We appreciate your attention to this matter and look forward to your positive response.

Thank you for your consideration.

Sincerely,

[Your Name]  
[Your Position]  
[Your Organization Name]