

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

[Recipient Name]
[Recipient Title]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Registration with HHS

I am writing to formally register with the Department of Health and Human Services (HHS) as required for [specific purpose, e.g., participation in a program, compliance with regulations, etc.].

My details are as follows:

- Name: [Your Name]
- Organization: [Your Organization, if applicable]
- Tax Identification Number: [Your TIN]
- Contact Information: [Your Email and Phone Number]

Please find enclosed all required documents to complete my registration. Should you need any further information or clarification, do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title, if applicable]