

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

[Phone Number]

[Date]

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

Dear [Recipient Name],

Subject: Appeal of [Application Type/Number]

I hope this letter finds you well. I am writing to formally appeal the decision made regarding my [application type] submitted on [submission date]. The reference number for my application is [application number]. [Briefly explain the reason for your appeal, including any relevant details that may support your case. Mention any specific points from the decision that you wish to contest.]

I believe that my application merits further consideration due to [provide reasoning or additional information that supports your appeal]. [If applicable, mention any new evidence or details that have come to light since the original decision.]

I kindly request that my appeal be reviewed, and I am hopeful for a favorable reconsideration of my application. Thank you for taking the time to review my case. Please feel free to contact me at [your phone number] or [your email address] if you require any further information.

Sincerely,

[Your Name]