

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Position]
[Company/Organization Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Appeal for Income Loss Determination

I hope this letter finds you well. I am writing to formally appeal the decision regarding my income loss claim filed on [Date of Claim]. After careful consideration, I believe that the information provided may not fully capture the extent of my income loss due to [briefly explain reason, e.g., job loss, business interruption].

[Paragraph explaining your situation in detail. Include specific dates, amounts, and any relevant documentation that supports your claim.]

I kindly request that you review my case again, taking into account [mention any new evidence or reasoning that supports your appeal]. I believe that a thorough reassessment will demonstrate the validity of my claim and the significant impact this loss has had on my financial stability.

Thank you for considering my appeal. I appreciate your time and attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]