

[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],

I hope this letter finds you well. I am writing to formally request  
[specific information or action related to MHS, e.g., "access to medical  
records," "extension for my treatment plan," etc.].

[Provide a brief explanation of your situation and why you are making  
this request. Include any relevant details such as dates, case numbers,  
or specific circumstances.]

I would greatly appreciate your assistance in this matter. Please let me  
know if you require any additional information to process my request.  
Thank you for your time and consideration. I look forward to your prompt  
response.

Sincerely,

[Your Name]  
[Your Title or Affiliation, if applicable]