

Receipt for Non-Renewal Notification

Date: [Insert Date]

To: [Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We hereby acknowledge the receipt of your notification regarding the non-renewal of [specific service or contract, e.g., your insurance policy, subscription, etc.]. Your request has been processed, and the effective date of non-renewal is [Insert Effective Date].

We appreciate your business and regret any inconvenience this may cause. Should you have any questions or require further assistance, please do not hesitate to reach out to us.

Thank you.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Contact Information]