

Telecom Service Eligibility Assessment

Date: [Insert Date]

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[City, State, Zip Code]

[Recipient Name]

[Recipient Position]

[Recipient Company]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are pleased to inform you that your request for a telecom service eligibility assessment has been received. Our team will evaluate your application based on the guidelines provided by [Regulatory Authority/Company Name] regarding telecom services.

Please review the required documents and criteria listed below:

- Proof of Identity
- Proof of Address
- Service Level Requirements

We will notify you within [number of days] days regarding the outcome of your eligibility assessment. Should you have any questions or require further assistance, please do not hesitate to contact us at [Contact Information].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]