

Renewal Request for Healthcare Facility License

Date: [Insert Date]

[Your Name]

[Your Position]

[Healthcare Facility Name]

[Facility Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I am writing to formally request the renewal of our healthcare facility license for [Healthcare Facility Name], which is due to expire on [Expiration Date]. We have continued to comply with the regulatory requirements and maintain the quality of care in our facility.

Enclosed are the necessary documents required for the renewal process, including:

- Completed renewal application form
- Proof of compliance with health and safety standards
- Updated staff qualifications and training records
- Payment of renewal fee

We appreciate your attention to this matter and are eager to continue serving our community with the highest standard of care. Should you require any additional information or documentation, please do not hesitate to contact me directly at [Your Phone Number] or [Your Email Address].

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Position]

[Healthcare Facility Name]