

# Termination Request for Healthcare Facility License

Date: [Insert Date]

[Recipient Name]

[Title]

[Department/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request the termination of the healthcare facility license for [Facility Name], effective [Desired Termination Date]. This decision has been made after careful consideration of our current operational status and future direction.

Please find attached all necessary documentation reflecting the closure of our facility, including the last financial reports and patient discharge records. We request that you process this termination request at your earliest convenience and provide confirmation of the license termination.

Thank you for your attention to this matter. If you require any further information or clarification, please do not hesitate to contact me directly at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Your Title]

[Facility Name]

[Facility Address]

[City, State, Zip Code]