

Claim Withdrawal Confirmation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I am writing to confirm the withdrawal of my claim, reference number [Insert Claim Number], which was submitted on [Insert Submission Date]. After careful consideration, I have decided to withdraw this claim.

Please consider this letter as formal confirmation of the withdrawal. I would appreciate receiving written confirmation that my claim has been withdrawn.

Thank you for your attention to this matter.

Sincerely,

[Your Name]