

Claim Withdrawal Notice

Date: [Insert Date]

[Your Name]

[Your Address] [City, State, Zip Code]

[Your Email] [Your Phone Number]

[Recipient's Name]

[Company/Organization Name] [Company Address] [City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally notify you that I wish to withdraw my claim, reference number [Claim Number], which I submitted on [Submission Date]. After careful consideration, I have decided to retract the claim for personal reasons.

Please acknowledge the receipt of this withdrawal notice in writing at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,

[Your Name]