

# Franchise Critical Contact Information Refresh

Date: [Insert Date]

To: [Franchisee Name]

[Franchisee Address]

Dear [Franchisee Name],

As part of our commitment to maintaining up-to-date records, we are reaching out to request your assistance in refreshing the critical contact information for your franchise. We value clear communication and accurate records, and your cooperation is essential in this process.

## Requested Information:

- Primary Contact Name: \_\_\_\_\_
- Primary Contact Phone: \_\_\_\_\_
- Alternate Contact Name: \_\_\_\_\_
- Alternate Contact Phone: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Franchise Location: \_\_\_\_\_

Please complete the above information and return it to us by [Insert Deadline]. Your prompt response will help us ensure seamless communication and support.

Thank you for your attention to this matter. If you have any questions or need further assistance, please do not hesitate to reach out.

Best regards,

[Your Name]

[Your Title]

[Company Name]

[Contact Information]