

Mutual Aid Agreement Confirmation

Date: [Insert Date]

[Your Organization Name]

[Your Organization Address]

[City, State, Zip Code]

[Recipient Name]

[Recipient Organization Name]

[Recipient Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are pleased to confirm the mutual aid agreement between [Your Organization Name] and [Recipient Organization Name], established on [Insert Date of Agreement]. This agreement outlines our commitment to provide assistance and support to each other in times of need.

Key details of our agreement include:

- Scope of Mutual Aid
- Delivery of Resources
- Point of Contact for Communications
- Duration of Agreement

We believe that this partnership will be beneficial for both organizations and will enhance our capabilities in serving our communities effectively.

If you have any questions or need further information, please do not hesitate to contact us.

Thank you for your collaboration.

Sincerely,

[Your Name]

[Your Title]

[Your Organization Name]

[Your Phone Number]

[Your Email Address]