

# Vendor Continuity Practice Verification

Date: [Insert Date]

To: [Vendor Name]

Address: [Vendor Address]

Dear [Vendor Contact Name],

We hope this message finds you well. As part of our ongoing commitment to maintaining robust vendor relationships and ensuring continuity of services, we are conducting a verification of your continuity practices.

Please provide us with the following information:

- Details of your business continuity plan
- Recent testing of the continuity plan and results
- Any changes to your operations that may affect service delivery
- Contact information for your continuity management team

We appreciate your cooperation in this matter. Kindly send the requested information by [Insert Deadline]. If you have any questions or need further clarification, please do not hesitate to contact us.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Your Contact Information]