

Policy Application Appeal Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Company/Organization Name]

[Company Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally appeal the decision regarding my recent application for [specify policy name or type]. My application was submitted on [insert date] and I received the notification of denial on [insert date]. I respectfully request a reconsideration of my application based on the following grounds:

[Clearly outline your reasons for the appeal, including any relevant information or documentation that supports your case.]

I believe that this additional information may influence the decision made and I am hopeful for a favorable review of my application. Thank you for your time and consideration. I look forward to your prompt response.

Sincerely,

[Your Name]