

Request for Public Health Certification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Department/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the issuance of a public health certification for [specific purpose or activity]. This certification is necessary for [briefly explain why it is needed, e.g., compliance, operation of a facility, event planning].

Included with this request are the following documents:

- [Document 1]
- [Document 2]
- [Document 3]

Thank you for considering my request. I look forward to your prompt response so that I may proceed with [related plans or activities]. If you need any more information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]