

Service Extension Confirmation

Date: [Insert Date]

[Your Name]

[Your Position]

[Agency Name]

[Agency Address]

[City, State, Zip Code]

[Recipient Name]

[Recipient Position]

[Recipient Organization]

[Recipient Address]

[City, State, Zip Code]

Subject: Confirmation of Service Extension

Dear [Recipient Name],

We are pleased to confirm the extension of services as discussed in our recent meeting. This extension will take effect from [Start Date] and will continue until [End Date]. We appreciate your continued partnership and commitment to providing necessary support to our community.

Please find the details of the extended services enclosed for your reference:

- Service Type: [Service Type]
- Duration: [Duration]
- Additional Resources: [Resources]

Should you have any questions or require further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your cooperation and dedication.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Position]

[Agency Name]