

# Request for Community Health Center Location and Services

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Title]

[Community Health Center Name]

[Center Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to inquire about the location and services offered by the [Community Health Center Name] in our area. As a [your role or relationship to the community, e.g., concerned resident, local organization, etc.], I believe that access to comprehensive healthcare services is vital for our community's well-being.

Could you please provide information regarding the following:

- The location of the community health center
- The types of services provided
- Operating hours and appointment procedures
- Any specific programs available for underserved populations

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]