

Termination Notice

Date: [Insert Date]

Recipient Name: [Insert Recipient Name]

Recipient Address: [Insert Recipient Address]

Dear [Insert Recipient Name],

This letter serves as a formal notice of termination for your Low Income Energy Assistance. Unfortunately, due to [reason for termination, e.g., income exceeding eligibility criteria], your assistance will be terminated effective [Insert Termination Date].

If you believe this decision is in error, you have the right to appeal. Please contact our office at [Insert Contact Information] by [Insert Appeal Deadline] to discuss your options.

We thank you for your previous participation in the Low Income Energy Assistance program.

Sincerely,

[Your Name]

[Your Title]

[Agency Name]

[Agency Contact Information]