

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Email]
[Your Phone Number]

[Date]

[Recipient Name or Department]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

RE: Appeal for [Case/Claim/Application Number] - Insufficient Documentation

Dear [Recipient Name],

I am writing to formally appeal the decision regarding my [application/claim/request] dated [Date of Denial Letter], which was denied due to "insufficient documentation."

I understand that the original submission lacked the necessary evidence to process my request. To address this, I have enclosed the following additional documents as requested:

- [Description of Document 1]
- [Description of Document 2]
- [Description of Document 3]

I believe these records provide the missing information and clarify [briefly mention what the documents prove, e.g., financial status, medical history, or employment].

Please review these materials and reconsider my case. If any further information or clarification is required, please contact me directly at [Your Phone Number] or [Your Email].

Thank you for your time and assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]