[Attorney Name/Law Firm Name]
[Address Line 1]
[Address Line 2]
[Phone Number]
[Email Address]

[Date]

VIA CERTIFIED MAIL / RETURN RECEIPT REQUESTED

[Property Owner/Manager Name]
[Business Name]
[Address Line 1]
[Address Line 2]

RE: NOTICE OF REPRESENTATION AND NOTICE TO PRESERVE EVIDENCE

Claimant: [Client Name]
Date of Incident: [Date of Injury]
Location of Incident: [Specific Address/Location on Property]
Claim Number (if known): [Claim Number]

To Whom It May Concern:

Please be advised that this office represents [Client Name] regarding personal injuries sustained on your premises on the date and location referenced above. All future communication regarding this matter should be directed solely to this office.

Notice to Preserve Evidence:
You are hereby instructed to preserve any and all evidence related to this incident. This includes, but is not limited to:

- Video surveillance footage from all angles covering the scene and surrounding areas for at least two hours before and after the incident.
- Digital photos or physical evidence from the scene.
- Incident reports, internal logs, and witness statements.
- Maintenance, inspection, and repair records for the area for the six months preceding the incident.
- Employment records or work schedules for employees on duty at the time.

Failure to preserve this evidence may result in a legal claim for spoliation of evidence and an adverse inference instruction in a court of law.

Insurance Information:
Please provide the name of your insurance carrier, the applicable policy number, and the limits

of coverage within fifteen (15) days of receipt of this letter. If you have already reported this to an insurance company, please forward this letter to them immediately.

Thank you for your prompt attention to this matter.

Sincerely,

[Attorney Signature]

[Printed Attorney Name]
[Law Firm Name]