

[Your Name/Organization Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]
[Phone Number]
[Date]

Department of Veterans Affairs
Evidence Intake Center
P.O. Box 4444
Janesville, WI 53547-4444

RE: Letter of Representation

Veteran Name: [Veteran's Full Name]
VA File Number: [File Number or SSN]
Date of Birth: [DOB]

To Whom It May Concern:

Please be advised that I, [Your Name/Organization], have been retained to represent the above-named Veteran in connection with their claims for benefits before the Department of Veterans Affairs.

Enclosed with this letter, please find the executed VA Form 21-22 (Appointment of Veterans Service Organization as Claimant's Representative) or VA Form 21-22a (Appointment of Individual as Claimant's Representative).

Pursuant to this representation, please direct all future correspondence, notices, and decisions regarding this claim to my attention at the address listed above. I also request access to the Veteran's electronic claims folder (e-Folder) via the Veterans Benefits Management System (VBMS).

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Title/Accreditation Number]

Enclosure: [VA Form 21-22 / 21-22a]