SAMPLE LETTER 5

[Practice Address 1]

[Practice Address 2]

[Practice Address 3]

[Police Firearms Licensing Officer]

Date

Dear Sir,

FIREARMS LICENSING

Re: [PATIENT NAME – DOB]

Thank you for your request for medical information relating to the above named individual for the purposes of assessing them for suitability in issuing them with a firearms certificate.

I am content to fill out the requested report and will charge no fee. The report is enclosed or will follow at my earliest convenience.

Yours faithfully,