Date

[Requestor's Name] [Place of Business] [Requestor's Address] [City, State & Zip Code]

RE: Records Request

Dear [Requestor's Name],

The Missouri Department of Health and Senior Services’ Division of Senior and Disability Services is in receipt of your request for records.

I will research what, if any, records may exist and be available from the Division of Senior and Disability Services in response to your request. I will notify you within 45 days if there is no information available or provide you with the records pursuant to state and federal privacy and confidentiality laws.

If you have any questions, please contact our office at [APS Specialist Phone] Thank you.

Sincerely,

[APS Specialist Name & Title]

Division of Senior and Disability Services