[DATE]

[CLAIMANT’S NAME]

[ADDRESS]

[CITY, ST ZIP]

[PHONE #]

To whom it may concern:

This letter of representation authorizes [YOUR NAME] of the [STATE OR AGENCY NAME] Local Assistance State Team (LAST) Program to represent me in the submission of the PSOB claim for, my [RELATIONSHIP], [FIREFIGHTER’S NAME]. My authorized representative’s contact information is below:

John E Proels National Coordinator

Local Assistance State Program 2130 Priest Bridge Dr., STE 6

Crofton, MD 21114 [INSERT YOUR CONTACT INFO]

(cell) 301-712-7201

(fax) 240-510-9453

jproels@firehero.org

Please let me know if you have any questions.

Sincerely,

[CLAIMANT’S NAME]