

Template Transmittal Letter
(Printed on official letterhead)

DATE

To:

Hazard Mitigation Planning
DESPP/DEMHS
25 Sigourney St.
Hartford, CT 06106

From:

(Title and Name of Chief Elected Official)
(Town/City) of (Name)
1111 Main St.
Town/City, Ct 06XXX

To DEMHS Hazard Mitigation Assistance Program:

I hereby request an official State review of the Town/City of (Name) Local Hazard Mitigation Plan.

The Plan Review Tool has been completed and is included with this submission.

The local Point of Contact is:

Name:

Address:

Telephone:

Email:

I understand that the Point of Contact will be notified of any comments or revisions that result from this review.

Sincerely,

(Name and Title of Chief Elected Official)