BALANCE LETTER

COUNTY OF

Notice Date : _____
Case Name : _____
Case Number : _____
Worker Name : _____
Worker Number : _____
Telephone Number: _____
Address : _____
_____
_____

(Addressee)

A payment of $ _____ was received on _____ for Claim # _____.
(Date)

Your remaining balance is now $ _____

Additional Comments: