**Department of Transportation and
Public Facilities**

DIVISION NAME

Office Name

Address…

P.O. Box…

City, State, Zip…

Main: XXX.XXX.XXXX

Fax: XXX.XXX.XXXX
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[Month, Day, Year]

[First and Last Name]

[Address]

[City, State Zip]

[Body]

Sincerely,

[First and Last Name]

[Title]

[Second page]