

THE LAW OFFICE OF GRANT SKOLNICK

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July 15, 2012

Palm Beach Sheriff's Office
Attn: Central Records Division
3228 Gun Club Road,
West Palm Beach, Florida 33406-3001
561-688-3140

RE: Case #:
 Our Clients:
 Date of Accident:
 Location of Accident:

Dear Sir/Madam:

Please be advised that this office has been retained to represent the above referenced client for injuries sustained in an automobile accident which occurred on the above-referenced date and location. The accident occurred at approximately _____.

Please forward the above-referenced report to this office. I am enclosing a completed Central Records Report Request Form, Sworn Statement For Traffic Crash Report Information, authorization letter, copies of my driver's license and Florida Bar ID card and self-addressed return envelope.

Thank you for your assistance with this request.

Sincerely,

Grant J. Skolnick, Esq.
Enclosures