Full Rank, Full Name 123 Easy Street Happy Ville, IN 46000

Dear Full Rank, Full Name:

Your waiver request, file number MSXXXXX, has been forwarded to the Defense Office of Hearings and Appeals for a final determination. We will notify you of the decision upon receipt.

Notify this office of your new address in the event you move before a determination is received. Our point of contact is the undersigned, at (866) 912 6488 or email <u>dfas.indianapolis-in.jfe.mbx.remission-waiver-indy@mail.mil</u>.

Sincerely,

Technician's Name Financial Claims Technician Debt and Claims Management

www.dfas.mil