Full Rank, Full Name

123 Easy Street

Happy Ville, IN 46000

Dear Full Rank, Full Name:

Your waiver request, file number MSXXXXXX, 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 [dfas.indianapolis-in.jfe.mbx.remission-waiver-indy@mail.mil](mailto:dfas.indianapolis-in.jfe.mbx.remission-waiver-indy@mail.mil).

Sincerely,

Technician’s Name

Financial Claims Technician

Debt and Claims Management