[*date*]

Dear [*name*]

**Application to extend closure notice of practice list of patients: [name of practice applying for closure]**

The above practice has applied to us to extend the period of time its practice list of patients will remain closed to new registrations. The practice has requested that the practice's list of patients remains closed for a further period of [*period requested*] running from the date their current closure notice ceases: [*date*].

Before making a decision, I would like to provide you with the opportunity to express your views about this proposal. Please provide any comments by no later than [*date for return, four days from date of this letter*].

All comments/views received will be shared with the practice so it can provide further comment before a final decision is taken.

Once a decision is made, you will receive a copy of the outcome letter to the practice.

Yours sincerely

[*name*]

[*title*]

Cc: Local Medical Committee