**7/23/2025**

**Via Certified Mail**

NAME

F: FAX NO

Our Client: {{ClientName}}

Date of Incident: {{IncidentDate}}

NAME,

As you are aware, {{BriefSynopsis}}. Please allow the following to serve as our client’s demand to resolve this matter prior to litigation.

**Facts of the Occurrence**

{{Demand}}

**Damages**

{{Damages}}

**Settlement Demand**

{{SettlementDemand}}

Sincerely,

|  |
| --- |
| /s/ *Michael R. Grieco* |

Michael R. Grieco

**Stinar Gould Grieco & Hensley**

101 N. Wacker Drive, Suite 100

Chicago, IL 60606

P: (312) 748-7338

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