

NOD Notice of Disagreement SAMPLE

[Date]

Department of Veterans Affairs
[Address of Regional Office]

Attention: [Your Claim Number] – [In Reply to: (right hand corner of rating decision)]

Dear Sir,

I received a rating decision dated [Date]. Consider this letter to be an official "Notice of Disagreement" (NOD) regarding the following disability:

1)

I am requesting a "De Novo Review" by a new Decision Review Officer.

I will be awaiting your reply.

Sincerely,

[Full Name]