**DATE**

Entity Contact Full Name

Contact Title

Entity Name

Street Address

City, State Zip

Dear Contact Name:

The (*insert state and agency*) is conducting a Baseline / Enhanced *(select one)* Cybersecurity Risk Examination of your entity with an on-site date of (*insert date*). My name is (*insert name)* and I will be the Examiner-In-Charge (EIC) and primary point of contact throughout the examination.

To provide insight into your IT operations and to better determine examination resources needed, please complete the attached Document Request List. All supporting documentation should be posted to (*insert* *applicable information sharing system)* by XX/XX/XXX.

Prompt completion of the document request list will initiate the off-site portion of the examination and help us accomplish a significant amount of review prior to on-site arrival. We believe this approach will reduce on-site review time thereby significantly reducing the examination burden and cost on (insert entity name)

If you have any questions, please call me at xxx-xxx-xxxx or email me at xxxxxxxxx.

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| --- |
| Sincerely, |
|  |
| Name |
| Title |
| State Banking Department |