

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Recipient Title]
[Organization Name]
[Organization Address]
[City, State, ZIP Code]

Dear [Recipient Name],

Subject: PIP Assessment Request

I am writing to formally request an assessment for the Personal Independence Payment (PIP) due to my [describe condition or disability briefly].

[In this paragraph, explain your specific challenges and how they impact your daily life. Provide any relevant details that support your request for assessment.]

I believe that an assessment will help to fully illustrate my needs and the assistance I require. I have attached relevant documents, including [list any supporting documents, such as medical records, personal statements, etc.].

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]