

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

[Date]
[Recipient Name]
[Title]
[Election Commission Name]
[Commission Address]
[City, State, ZIP Code]

Subject: Appeal Against Denial of Candidacy

Dear [Recipient Name],

I am writing to formally appeal the decision made by the Election Commission regarding my candidacy for the position of [Position/Office Title] in the [Name of Election] scheduled for [Election Date]. My application was denied on [Date of Denial], and I respectfully request a reconsideration of this decision.

The reasons provided for the denial were [briefly state the reasons for denial]. However, I believe that [provide your explanation or counterarguments to the reasons for denial, including any supporting evidence or documentation].

I am committed to serving my constituents and believe that my candidacy aligns with the values and needs of our community. I respectfully request a meeting or a hearing to present my case further and provide any additional information required.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]