

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Company/Organization Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a Fee Waiver Determination (FVD) for [specific purpose or service]. My situation is [briefly explain your circumstances, e.g., financial hardship, lack of resources].

Please find attached the necessary documentation to support my request. I appreciate your consideration and look forward to your timely response.

Thank you for your attention to this matter.

Sincerely,
[Your Name]