

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

Dear [Recipient's Name],

Subject: Request for Medical Exemption from Ignition Interlock Device Requirements

I hope this letter finds you well.

I am writing to formally request an exemption from the ignition interlock device requirement due to medical needs that impede my ability to comply with its usage.

As documented in my medical records, I have been diagnosed with [specific medical condition] which affects [description of how your condition impacts your ability to use the device, e.g., motor skills, cognitive function, etc.]. I have attached relevant medical documentation from my healthcare provider, [Doctor's Name], who can attest to my condition and provide further insight into my situation.

Given the challenges posed by my medical condition, I kindly request your consideration in granting an exemption from the ignition interlock device requirement. I believe that this accommodation will enable me to manage my health effectively while fulfilling my responsibilities on the road. Thank you for considering my request. I am hopeful for a positive response and am available for any further information you may require.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]