

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

[Recipient's Name]
[Recipient's Title]
[Organization's Name]
[Organization's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well.

I am writing to formally request an ignition interlock device (IID) waiver as part of my participation in a treatment program for alcohol dependency. I am committed to my recovery and believe that removing the IID requirement would significantly contribute to my progress.

I have been actively engaging in my treatment program, which includes [details of your treatment plan, such as therapy sessions, support groups, or any other relevant information]. I have shown consistent dedication and have achieved [mention any milestones, if applicable].

I understand the importance of road safety and assure you that I will continue to adhere to the guidelines of my treatment program. I believe that having more freedom in my transportation options will positively impact my ability to attend therapy and support group meetings regularly. Thank you for considering my request. I look forward to your positive response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]