

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Relevant Department/Organization]
[Address]
[City, State, ZIP Code]
Subject: Application for PWD Identification

Dear [Recipient's Name],

I am writing to formally apply for the Persons with Disabilities (PWD) Identification. I am a resident of [Your City/Region] and have [briefly describe your condition or disability].

Enclosed are the following documents to support my application:

1. [List of documents, e.g., medical certificate, identification proof, etc.]
2. [Additional documents, if any]

I kindly request you to process my application at your earliest convenience. Should you require any further information or documents, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]