

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

Dear [Recipient's Name],

Subject: Request for PWD Approval

I hope this letter finds you well. I am writing to formally request approval for a Person with Disabilities (PWD) identification card/application for myself/[Name of the person applying, if applicable] due to [specific disability or condition].

I would like to provide the necessary details that justify this request:

1. ****Personal Information****

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Address: [Your Address]
- Contact Number: [Your Contact Number]

2. ****Medical Condition****

- [Describe the disability or medical condition, including details about diagnosis, duration, and how it affects daily life. Enclose any relevant medical documents or reports that substantiate the claim.]

3. ****Supporting Documents****

- A copy of my medical report from [Doctor/Clinic Name] dated [Date].
- [Any additional documents, such as identification proof, recent photographs, etc.]

4. ****Purpose of Request****

- The PWD identification card will assist me in [explain how the card will benefit your situation, e.g., accessing services, transportation assistance, etc.].

I kindly request that you review my application and supporting documents at your earliest convenience. I appreciate your consideration and look forward to your positive response. Should you require any further information or documentation, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]