

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

Dear [Recipient's Name],

Subject: Request for Evidence for PWD Application

I hope this letter finds you well. I am writing to request additional evidence regarding my application for Persons with Disabilities (PWD) status. My application was submitted on [insert submission date], and I am eager to provide any necessary information to facilitate its processing.

Specifically, I would like to obtain information relating to [mention specific documents or evidence needed, e.g., medical records, assessment reports, etc.]. This will aid in clarifying my situation and ensuring the accuracy of my application.

I appreciate your prompt attention to this matter and look forward to your response. Should you require any further information from my side, please feel free to reach out to me at [your phone number] or [your email address].

Thank you for your understanding and support.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]