

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

[Recipient's Name]
[Recipient's Title]
[Organization/Department Name]
[Organization Address]
[City, State, ZIP Code]

Dear [Recipient's Name],

Subject: Request for Renewal of Person with Disability (PWD)
Identification

I hope this letter finds you well. I am writing to formally request the renewal of my Person with Disability (PWD) Identification, which is set to expire on [expiration date].

My identification number is [ID number]. I have attached all necessary documents for your review, including the medical certification from my healthcare provider and any other required paperwork.

I have greatly benefited from the services and assistance provided through my PWD status, and I would be grateful for your prompt attention to this renewal request.

Thank you for your consideration. I look forward to your positive response.

Sincerely,

[Your Name]

[Signature (if sending a hard copy)]