

# Annual Fee Waiver Appeal Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Title/Position]

[Institution/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal for a waiver of the annual fee due to special circumstances that have impacted my financial situation. I appreciate the support and understanding of the institution and hope that you will consider my request.

Despite my best efforts to manage my finances, I am currently facing [briefly explain your special circumstances, e.g., job loss, medical expenses, etc.]. This situation has significantly strained my ability to meet financial commitments, including the annual fee.

To provide further context, I have attached relevant documentation that outlines my current financial status and circumstances. I am committed to [mention any actions you are taking to improve your situation].

Thank you for considering my appeal. I am hopeful that the institution can support me during this challenging time. I look forward to your positive response.

Sincerely,

[Your Name]