

Request for Mobility Aid Accommodations

Date: [Insert Date]

To: [Insert Recipient's Name]

[Insert Recipient's Title]

[Insert Organization/Institution Name]

[Insert Organization/Institution Address]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request accommodations for mobility aid in my practice due to [briefly explain the reason, e.g., a medical condition, disability, etc.]. I believe that with the necessary support, I will be able to participate fully and effectively in [mention specific classes, activities, or practices].

Specifically, I would like to request the following accommodations:

- [Describe accommodation #1]
- [Describe accommodation #2]
- [Describe accommodation #3]

Thank you for considering my request. I am looking forward to your positive response and am happy to provide any additional information or documentation if required.

Sincerely,

[Your Name]

[Your Contact Information]

[Your Address]