

Service Charge Waiver Narrative

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request a waiver for service charges associated with my [specific service or account] due to my disability accommodations. As someone living with [briefly describe your disability], I face unique challenges that significantly impact my financial situation. These challenges include [mention specific financial hardships related to your disability].

Under the [mention relevant laws or policies, e.g., ADA], I believe that obtaining a waiver for these charges is a reasonable accommodation that would greatly aid in alleviating my financial burdens while allowing me to access essential services.

I have attached documentation that outlines my circumstances and supports my request for this waiver. I appreciate your understanding and consideration in this matter. I am hopeful that we can work together to find a solution that accommodates my needs.

Thank you for your attention to this request. I look forward to your prompt response.

Sincerely,

[Your Name]

Attachments: [List Attachments]