

Service Charge Waiver Petition

Date: [Insert Date]

To: [Service Provider Name]

[Service Provider Address]

[City, State, Zip Code]

Dear [Service Provider Name],

I am writing to formally request a waiver of my service charges due to exceptional medical expenses I have recently incurred. My name is [Your Name], and my account number is [Your Account Number].

Over the past few months, I have faced significant medical challenges that have put a considerable strain on my finances. [Briefly describe your medical situation and the expenses involved.] Due to these unforeseen circumstances, I am struggling to manage my monthly service payments.

I kindly ask for your understanding and consideration in waiving the service charges for [specify the time period if applicable, e.g., the next three months]. This assistance would greatly alleviate my financial burden during this difficult time.

Thank you for considering my request. I am hopeful for a positive response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you need any further information.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]