

Telecom Fee Waiver Petition for Medical Reasons

Date: [Insert Date]

To,

Customer Service Department
[Telecom Company Name]
[Company Address]
[City, State, Zip Code]

Subject: Request for Waiver of Telecom Fees Due to Medical Reasons

Dear [Customer Service Manager/Specific Name],

I am writing to formally request a waiver of my telecom fees due to medical reasons. My account number is [Insert Account Number]. I have been experiencing [briefly describe medical condition] and as a result, my financial situation has become strained.

I have attached relevant medical documentation to substantiate my condition and the financial hardship it has caused. I kindly ask for your understanding and support during this difficult time.

Thank you for considering my request. I look forward to your positive response.

Sincerely,

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