

Subject: Request for License Fee Waiver Due to Financial Hardship

Date: [Insert Date]

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

[Recipient's Name]
[Recipient's Title]
[Department/Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request a waiver for the license fee associated with [specific license name or number] due to significant financial hardship I am currently experiencing.

Due to [specific reasons for financial hardship, e.g., loss of employment, medical expenses], my financial situation has become increasingly challenging. I have attached relevant documentation to support my claim, including [list any attached documents, e.g., income statements, medical bills].

Receiving approval for this waiver would greatly alleviate my burden and allow me to [explain the impact, e.g., continue my business, support my family]. I am committed to fulfilling my obligations and hope to rectify my financial situation soon.

Thank you for considering my request. I am available for further discussion at your convenience. I look forward to your favorable response.

Sincerely,

[Your Name]