

# Application for Senior Medical Alert System

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I am writing to apply for the Senior Medical Alert System offered by your organization. As a senior citizen, I understand the importance of having immediate assistance available in case of an emergency.

I am [Your Age] years old and live alone at my residence. Due to [briefly describe any medical conditions or concerns], I believe that having a medical alert system would greatly enhance my safety and peace of mind.

By utilizing your services, I hope to ensure that I can easily contact emergency services when needed. I am particularly interested in your features such as [mention any specific features you are interested in, e.g., fall detection, 24/7 monitoring, etc.].

Enclosed with this letter are copies of [any required documents, e.g., medical records, proof of age, etc.] to support my application.

Thank you for considering my application. I look forward to your prompt response.

Sincerely,

[Your Name]