

# Request for Medical Alert System Installation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To:

[Recipient's Name]

[Recipient's Title/Position]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the installation of a medical alert system at my residence. After considering my health needs and safety, I believe that having this system in place will provide peace of mind for both myself and my family.

Please let me know the necessary steps to initiate this process, including any required forms, costs, and installation timelines. I am eager to ensure that I have the proper support readily available in case of an emergency.

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

Sincerely,

[Your Name]