

# Request for Reconsideration of Fee Waiver Denial

Date: [Insert Date]

To: [Social Service Agency Name]

Address: [Agency Address]

Dear [Agency Name/Decision Maker],

I hope this letter finds you well. My name is [Your Name], and I am writing to formally request a reconsideration of the decision made on [Date of Denial] regarding my application for a fee waiver.

I understand that my application was denied based on [specific reason for denial]. However, I would like to provide additional information that I believe was not considered during the initial review. [Briefly explain your situation and any new information or documentation you have that supports your request.]

Given my current circumstances, including [describe your financial situation, hardships, etc.], I kindly ask that you review my application again. I am committed to [mention any relevant efforts you are making, such as seeking employment, attending counseling, etc.] and would greatly appreciate any assistance you can provide during this time.

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

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]