

# Transportation Service Extension Request

Date: [Insert Date]

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

To:  
[Recipient's Name]  
[Recipient's Title]  
[Transportation Service Provider Name]  
[Provider Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the extension of transportation services provided by [Transportation Service Provider Name] for [Your Healthcare Facility Name]. Our facility has greatly benefited from your support, particularly in assisting our patients with their transportation needs.

As we anticipate an increase in patient volume over the coming months, we believe that extending our current transportation service agreement will enable us to continue delivering the high-quality care our patients deserve.

We are requesting an extension effective from [Start Date of Extension] to [End Date of Extension]. Please let me know if you need any documentation or further information to facilitate this request.

Thank you for considering our request. We look forward to your prompt response.

Sincerely,  
[Your Name]  
[Your Title]