

Letter of Appeal for Extended Hours

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Title]

[Facility Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request an extension of operational hours at [Facility Name]. As a concerned member of the community and a frequent user of your services, I have observed the growing need for access to healthcare during non-traditional hours.

Many individuals in our community face challenges accessing care due to work commitments and other responsibilities. By extending the hours of operation, [Facility Name] could significantly improve accessibility for those who require medical attention but are unable to visit during standard hours.

With an increased demand for healthcare services, especially in [mention any specific departments or services], this change would greatly benefit the overall health and well-being of our community members.

I kindly ask you to consider discussing this proposal with your team. I would be more than willing to assist in any way to facilitate this change.

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

Sincerely,

[Your Name]