

# Request for Municipal Tax Exemption

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]

[Municipal Office Address]

[City, State, ZIP Code]

Dear [Municipal Tax Officer's Name],

I am writing to formally request a municipal tax exemption based on my status as a disabled individual. I reside at [Your Address] and have been diagnosed with [Brief Description of Disability], which substantially limits my ability to [Explain Impact of Disability on Daily Life].

As a result of my condition, I am facing financial difficulties and would greatly appreciate your consideration for a tax exemption. I have attached relevant documentation, including medical records and proof of my disability status, for your review.

I kindly ask for your assistance in this matter and would be grateful for any support you can provide. Please do not hesitate to contact me at [Your Phone Number] or [Your Email Address] should you require any further information or documentation.

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

Sincerely,

[Your Name]