

Application for Mobility Assistance Services

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally request mobility assistance services for myself, [Your Name], a disabled individual residing at [Your Address]. Due to my condition, [briefly describe your disability], I require assistance with mobility to perform daily activities and participate in community events.

Details of my condition include:

- Type of disability: [Insert Type]
- Limitations: [Describe limitations]
- Required assistance: [Detail the specific assistance needed]

I kindly ask for consideration of my application for mobility assistance services to enhance my quality of life. I am eager to participate in various activities but require support due to my mobility challenges.

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

Sincerely,

[Your Name]

[Your Phone Number]

[Your Email Address]