

Confirmation of Scheduled Mobility Assistance Services

Dear [Recipient's Name],

We are pleased to confirm your scheduled mobility assistance services.

Details of the Scheduled Service:

- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Pick-up Address]
- **Assistance Required:** [Description of Assistance]

If you need to make any changes to the schedule or have additional queries, please feel free to contact us at [Contact Information].

Thank you for choosing our services.

Sincerely,

[Your Name]
[Your Position]
[Company Name]
[Contact Information]