

Request for Penalty Fee Waiver

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a waiver for the penalty fee that has been assessed on my account due to circumstances related to my medical condition.

Due to [briefly explain your medical condition and how it affected your ability to meet the obligation], I was unable to fulfill the [specific obligation, e.g., payment] by the due date. I have enclosed relevant medical documentation to support my request.

I understand the importance of meeting deadlines and assure you that this situation was beyond my control. I kindly ask that you consider my request for a penalty fee waiver in light of my circumstances.

Thank you for your understanding and consideration. I look forward to your favorable reply.

Sincerely,

[Your Name]