

[Your Name]
[Your Job Title]
[Your Employee ID Number]
[Date]

To: [Name of Human Resources Manager or Supervisor]
[Company Name]
[Department]

Subject: Request for Accessible Parking Space Accommodation

Dear [Name of Contact Person],

I am writing to formally request a workplace accommodation regarding my parking arrangements. Due to a medical condition/disability, I am requesting that a designated accessible parking space be assigned to me or made available near [Specific Building Entrance/Work Location].

This request is made to ensure that I can safely and effectively access my place of employment. [Optional: Briefly describe how the current parking situation limits your access, e.g., "The distance from the general parking lot causes significant physical strain/mobility challenges"].

I have attached supporting documentation from my healthcare provider which outlines my need for this accommodation. I am also a holder of a state-issued disabled parking permit (Permit Number: [Number]).

I am available to discuss this request further and explore any necessary steps to implement this accommodation as soon as possible. Thank you for your time and assistance in this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]
[Your Email Address]