

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

[Manager Name or HR Representative Name]  
[Company Name]  
[Department]

**Subject: Request for Accessible Parking Space Allocation**

Dear [Recipient Name],

I am writing to formally request the allocation of a reserved accessible parking space at our workplace. I am making this request due to a medical condition/disability that impacts my mobility and requires me to park in close proximity to the building entrance.

Currently, I am finding it difficult to [briefly describe challenge, e.g., navigate the distance from the general parking area]. An assigned accessible spot would ensure I can enter the workplace safely and perform my job duties effectively.

I have attached [or "can provide upon request"] documentation from my healthcare provider confirming my need for this accommodation. I also hold a valid state-issued disabled parking permit (Permit # [Number]).

I would appreciate the opportunity to discuss this request with you to determine the best available location. Thank you for your time and for supporting an accessible work environment.

Sincerely,

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