

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

[Date]

[Recipient Name or Department]
[Organization/Local Council Name]
[Address]

Subject: Request for Temporary Accessible Parking Bay

Dear [Recipient Name],

I am writing to formally request the installation of a temporary accessible parking bay at the following location: [Insert Specific Address or Location Description].

I am making this request due to [Reason: e.g., a temporary medical condition, recovery from surgery, or a specific short-term event]. I require close proximity to [Building/Entrance Name] to ensure safe and accessible entry.

The temporary parking bay would be required from [Start Date] to [End Date].

I have attached [Mention any supporting documents, e.g., a medical certificate or Blue Badge copy] to support this application. Please let me know if there are specific forms I need to complete or if a site visit is necessary.

Thank you for your assistance in making this location accessible for me during this period. I look forward to your positive response.

Sincerely,

[Your Signature]

[Your Printed Name]