

[Your Name]
[Your Employee ID/Student ID]
[Your Phone Number]
[Your Email Address]

[Date]

[Recipient Name]
[Department Name, e.g., Human Resources / Facilities]
[Organization Name]

Subject: Request for Temporary Maternity Accessible Parking Access

Dear [Recipient Name],

I am writing to formally request access to an accessible or priority parking space due to my current pregnancy. As I am currently in my [Number] trimester, I am experiencing [briefly mention reason, e.g., reduced mobility / physical discomfort / health complications] that makes walking long distances from the standard parking area difficult.

I am requesting this accommodation starting from [Start Date] until [Estimated End Date/Due Date].

I have attached a medical note from my healthcare provider confirming my need for closer parking proximity during this time. Please let me know if there are specific forms I need to complete or if a temporary permit can be issued to me.

Thank you for your understanding and assistance with this request.

Sincerely,

[Your Signature]
[Your Printed Name]