

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

[Date]

[Property Manager/Employer Name]  
[Organization/Building Name]  
[Street Address]

**RE: Request for Onsite Accessible Parking Designation**

Dear [Name of Manager or Human Resources Representative],

I am writing to formally request a reasonable accommodation regarding parking at [Building Name/Address]. Due to my disability, I require a designated accessible parking space to ensure equal access to the [premises/workplace].

Specifically, I am requesting that a parking space be designated for my use that is:

- Located as close as possible to the [accessible entrance/elevator].
- Large enough to allow for [van access/the use of a mobility device].
- Marked clearly with appropriate signage.

I have attached documentation from my healthcare provider confirming my need for this accommodation. I currently possess a valid state-issued disabled parking permit (Permit Number: [Number]).

Please let me know if you require any additional information to process this request. I look forward to your response by [Date].

Sincerely,

[Your Signature]

[Your Printed Name]