SAMPLE URGENT ACCOMMODATION REQUEST

Subject: Urgent Accommodation Request—Action Needed by [Date]

Dear [Organization or Decision-Maker]:

I am a registered medical cannabis [patient/caregiver] in [State]. I am requesting an urgent reasonable accommodation concerning [briefly identify the problem].

The [eviction, termination, discharge, surgery cancellation, benefit cutoff, hearing, removal from a program, hospital, or other action] on [date]. I request that you temporarily pause this action while you review my documentation and consider an individualized accommodation.

The accommodation I am requesting is:
[State the requested solution.]

As of April 28, 2026, my participation in the [state] medical cannabis program is recognized under federal law. I am not requesting permission to engage in unsafe behavior, use cannabis in a prohibited location, or violate a rule that the organization is legally required to enforce. I am requesting that the organization provide an individualized exception, alternative procedure, or a reasonable solution.

I am attaching a copy of my registration in the [state] medical cannabis program, [a copy of the written notice, if available], and information about the new federal cannabis laws and patient rights and protections under them.

Please confirm receipt today and provide the name and contact information of the person reviewing this request.

Sincerely,

[Name]