

# **Inquiry Regarding Reinstatement Fee Exemption**

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Title]

[Institution/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally inquire about the possibility of an exemption from the reinstatement fee associated with my [specific program, account, or service].

Due to [briefly explain your situation, e.g., financial hardship, special circumstances], I am facing challenges in meeting the financial obligations required for reinstatement. I believe that an exemption in my case would greatly assist me in continuing my [education, membership, etc.].

I would be grateful if you could provide information on the criteria for exemption and the necessary steps to submit my request for consideration. Thank you very much for your understanding and support.

Sincerely,

[Your Name]