

# Request for Waiver of Reinstatement Fees

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Title]

[Organization/Institution Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request a waiver for the reinstatement fees associated with my [specify account/case, e.g., student account, professional license, etc.].

Due to [briefly explain your circumstances, e.g., financial difficulties, personal issues, etc.], I have been unable to maintain my account/status. I am committed to resolving this matter and am eager to [mention your intentions, e.g., continue my studies, return to practicing, etc.].

I believe that waiving the reinstatement fees would greatly assist me in [explain how it would help you]. I appreciate your consideration of my request and hope to hear from you soon.

Thank you for your understanding.

Sincerely,

[Your Name]