

Letter of Demand for Replacement Billing Statement

Date: [Insert Date]

[Recipient's Name]

[Company's Name]

[Company's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a replacement billing statement for my account (Account Number: [Insert Account Number]) for the billing period of [Insert Billing Period].

Unfortunately, the original statement I received on [Insert Date Received] contains several discrepancies that require your urgent attention. To ensure accurate record-keeping and payment processing, I kindly ask that you send a corrected version at your earliest convenience.

Thank you for your prompt assistance in this matter. Should you need any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]