

# Request for Billing Duplicate

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Position]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a duplicate copy of my billing statement for account number [Your Account Number], dated [Billing Date]. I have misplaced my original copy and require it for my records.

I would appreciate it if you could send me the duplicate at your earliest convenience. Thank you for your assistance in this matter.

Sincerely,

[Your Name]