

# Debt Appeal for Reconsideration

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Company/Organization Name]

[Company Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally appeal the decision regarding my monitored debt, account number [Account Number].

While I acknowledge the outstanding balance, I would like to request a reconsideration of my situation due to [briefly explain your reason, e.g., financial hardship, recent job loss, medical issues].

Please find attached [mention any supporting documents you are including, such as income statements, medical records]. I believe these documents demonstrate my commitment to resolving this matter.

I appreciate your attention to this request and hope for a positive response. Please do not hesitate to contact me at [Your Phone Number] or [Your Email Address] if you require any further information.

Thank you for your understanding.

Sincerely,

[Your Name]