

Request to Eliminate Late Billing Fees

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Billing Department Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Billing Department Name],

I hope this message finds you well. I am writing to formally request the elimination of late billing fees that have been applied to my account, [Your Account Number]. Due to [brief explanation of circumstances, e.g., unforeseen circumstances, financial difficulties], I was unable to make my payment on time.

I have been a loyal customer since [Year] and have always made payments on time prior to this incident. I would greatly appreciate your consideration of my request, as removing these fees would provide significant relief during this challenging time.

Thank you for your understanding and attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]