

Application for Late Fee Waiver

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Institution/Organization Name]

[Institution's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request a waiver of the late fee associated with [describe the specific fee, e.g., tuition payment, library fee, etc.], due to unforeseen family emergencies that have impacted my ability to make timely payments.

Unfortunately, [briefly explain the family emergency, e.g., a medical emergency, loss of a family member, etc.], which required my immediate attention and resources. As a result, I could not meet the payment deadline set by [institution/organization name], scheduled for [insert due date].

I understand the importance of adhering to payment schedules and assure you that this circumstance was beyond my control. I kindly request your consideration in waiving the late fee under these challenging circumstances.

Thank you for considering my request. I am hopeful for your understanding and support. Please feel free to reach out if you need any further information or documentation regarding my situation.

Sincerely,

[Your Name]