

# Duplicate Bill Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I am writing to request a duplicate copy of the bill for the account associated with [Account Number or Reference Number]. I require this copy for my personal record keeping.

The original bill was issued on [Insert Original Bill Date], and I would greatly appreciate it if you could send me a duplicate at your earliest convenience.

Thank you for your assistance in this matter. Please let me know if you need any further information.

Sincerely,

[Your Name]