

# Late Fee Reconsideration Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request a reconsideration of the late fee that has been applied to my subscription account with [Company Name]. My account number is [Account Number].

Due to [briefly explain the reason for the late payment, e.g., unforeseen circumstances, medical issues, etc.], I was unable to make the payment by the due date of [Due Date]. I have always been a loyal customer and have made timely payments in the past.

Given the situation, I kindly ask you to review my account history and consider waiving the late fee of [Late Fee Amount]. I would greatly appreciate your understanding and support in this matter.

Thank you for your attention to this request. I look forward to your favorable response.

Sincerely,

[Your Name]