

Request for Waiver of Erroneous Late Fees

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Company's Name]

[Company's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally contest the late fees applied to my account for the billing period of [Insert Billing Period]. I believe these fees were assessed in error due to [explain reason: e.g., payment processing delays, previous arrangements, etc.].

My account number is [Insert Account Number]. On [Insert Date], I submitted my payment in full and on time, as per my understanding of our agreement. Attached, you will find [mention any relevant documents: e.g., payment confirmation, correspondence, etc.] supporting my claim.

I respectfully request that these erroneous late fees be reviewed and waived in light of the provided evidence. I value my relationship with [Company's Name] and am eager to resolve this matter amicably.

Thank you for your attention to this issue. I look forward to your prompt response.

Sincerely,

[Your Name]