

Subject: Request for Reconsideration of Late Fee

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the reconsideration of the late fee applied to my account (Account Number: [Insert Account Number]). I understand the importance of timely payments and appreciate your organization's policies regarding late fees.

Unfortunately, due to [briefly explain the reason, e.g., unforeseen circumstances, medical emergency, etc.], I was unable to make my payment by the due date of [Insert Due Date]. I have since resolved the issue and have made the necessary payment of [Insert Amount Paid] on [Insert Payment Date].

I kindly ask that you review my account history, as I have consistently made timely payments in the past. Given these circumstances, I would greatly appreciate your consideration in waiving the late fee of [Insert Late Fee Amount].

Thank you for your understanding and consideration. I look forward to your favorable response.

Sincerely,

[Your Name]