

Letter of Appeal for Late Fee Removal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Title]

[Institution/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request the removal of a late fee that was applied to my account due to medical reasons.

Unfortunately, I experienced a [brief description of medical issue, e.g., serious illness or hospitalization] which prevented me from [explain how it affected your ability to meet deadlines, e.g., making timely payments]. As a result, I was unable to fulfill my obligation by the due date.

Given my circumstances, I respectfully ask for your understanding and consideration in waiving the late fee. I have attached relevant medical documentation to support my appeal.

Thank you for considering my request. I appreciate your understanding and look forward to your favorable response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information.

Sincerely,

[Your Name]