

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Receiving Party's Name]  
[Company/Organization Name]  
[Address]  
[City, State, Zip Code]

Dear [Receiving Party's Name],  
I am writing to formally request a Local Number Portability (LNP) application for my phone number [Your Phone Number]. As of [Current Service Provider Name], I wish to transfer my number to [New Service Provider Name].

Please find the required details below:

- Current Service Provider: [Current Service Provider Name]
- Account Number: [Your Account Number]
- Phone Number to Port: [Your Phone Number]
- Name on Account: [Your Full Name]
- Address on Account: [Your Address]

I have attached any necessary documentation to support my application. Please let me know if there are any additional forms or information required to complete this process.

Thank you for your assistance.

Sincerely,  
[Your Name]