

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title]
[Company/Organization Name]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Letter of Authorization for Local Number Portability (LNP)
Approval

I hope this letter finds you well. I am writing to formally request approval for the local number portability (LNP) of my phone number [Your Phone Number] from [Current Service Provider] to [New Service Provider]. Please find the required details below:

- Account Holder Name: [Your Full Name]
- Account Number: [Your Account Number with Current Provider]
- Porting Phone Number: [Your Phone Number]
- New Service Provider Name: [New Service Provider]
- Requested Port Date: [Desired Port Date]

I understand that this process may take up to [number of days] business days and appreciate your prompt attention to this matter. Should you require any further information or documentation, please do not hesitate to contact me.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]