

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Company Name]
[Company Address]
[City, State, ZIP Code]

Subject: LNP Authorization Request

Dear [Recipient Name],

I am writing to formally request authorization for Local Number Portability (LNP) for my telephone number [Your Phone Number]. I am currently a customer of [Current Provider Name], and I would like to transfer my service to [New Provider Name].

Please find the necessary information below for processing this request:

- Account Holder Name: [Your Name]
- Account Number: [Your Account Number]
- Phone Number(s) to Port: [Your Phone Number]
- Address Associated with Account: [Your Address]

I authorize the transfer of my telephone number to [New Provider Name] and affirm that I am the authorized account holder.

Thank you for your prompt attention to this matter. Please confirm once the porting process has been initiated.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]