

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

[Recipient's Name]
[Company Name]
[Company Address]
[City, State, Zip Code]

Subject: Request for Local Number Portability (LNP)

Dear [Recipient's Name],

I am writing to formally request the transfer of my telephone number, [Your Phone Number], from [Current Provider] to [New Provider]. My account information with [Current Provider] is as follows:

- Account Name: [Your Account Name]
- Account Number: [Your Account Number]
- Address Associated with the Account: [Your Address]

Please let me know if any further information or documentation is required to process this request. I appreciate your assistance in making this transition as smooth as possible.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]