

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

[Service Provider Name]  
[Service Provider Address]  
[City, State, Zip Code]

Subject: Request for Local Number Portability (LNP) Service

Dear [Service Provider Name/Customer Service Department],  
I hope this letter finds you well. I am writing to formally request the transfer of my existing phone number to your service under the Local Number Portability (LNP) program.

Below are my account details:

- Current Service Provider: [Current Provider Name]
- Current Phone Number: [Your Phone Number]
- Account Number with Current Provider: [Your Account Number]
- New Service Address: [Your New Address]

Please let me know if you require any additional information or documentation to process this request. I appreciate your assistance in making this transition seamless.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,  
[Your Name]