

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

Subject: Request for Local Number Portability (LNP) Transfer

Dear [Carrier Name Customer Service/Specific Department],  
I am writing to request the transfer of my phone number from my current carrier to [New Carrier's Name]. Below are the details necessary for processing my Local Number Portability (LNP) request:

**\*\*Current Carrier Information:\*\***

- Account Holder Name: [Your Name]
- Current Account Number: [Your Current Account Number]
- Phone Number to be Transferred: [Your Phone Number]
- Account Address: [Billing Address of Current Carrier]

**\*\*New Carrier Information:\*\***

- New Carrier Name: [New Carrier's Name]
- New Account Number (if applicable): [New Account Number]

Please confirm the processing of my request or let me know if you require any additional information.

Thank you for your assistance.

Sincerely,  
[Your Name]