

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

[Date]

[Recipient Name or Department]
[Company/Institution Name]
[Address]
[City, State, Zip Code]

Subject: Request for Reinstatement of Grace Period Extension

Dear [Recipient Name],

I am writing to formally request the reinstatement of my grace period extension regarding my account [Account Number/Policy Number].

It has come to my attention that the extension previously granted has been revoked or has expired. I am requesting a reinstatement of this period due to [briefly state reason, e.g., ongoing financial hardship, medical recovery, or administrative oversight].

I am committed to fulfilling my financial obligations and am working toward a full resolution by [Date]. Reinstating this grace period will allow me the necessary time to finalize my payment without incurring penalties or facing service disruption.

Attached are documents supporting my current situation for your review. I would appreciate your favorable consideration of this request.

Please let me know if you require any further information. I look forward to your prompt response.

Sincerely,

[Your Signature]

[Your Printed Name]