

Your Name
Your Address
City, State ZIP

Date

Debt Collector Name
Collector's Address
City, State ZIP

RE: Account Number: _____

To Whom It May Concern:

Under the Fair Debt Collection Practices Act (FDCPA), 15 U.S.C. § 1692g, I am requesting validation and verification of the alleged debt referenced above.

Please provide:

- Proof that I am legally obligated to pay this debt,
- The date of original delinquency,
- A full accounting of calculated charges, and
- The name and address of the original creditor.

Additionally, be advised that any attempt to report this unvalidated debt to a credit bureau may violate the Fair Credit Reporting Act (FCRA).

Until validation is provided, you must cease collection efforts, including calls and written communication.

Sincerely,
[Your Name]