

Debt Validation Inquiry

Sender Name: [Your Name]

Sender Address: [Your Address]

City, State, Zip Code: [Your City, State, Zip]

Email: [Your Email Address]

Date: [Date]

Recipient Name: [Debt Collector's Name]

Company Name: [Debt Collection Agency Name]

Address: [Agency Address]

City, State, Zip Code: [Agency City, State, Zip]

Subject: Debt Validation Request for Account Number [Your Account Number]

Dear [Debt Collector's Name],

I am writing to request validation of the debt referenced above, as is my right under the Fair Debt Collection Practices Act. Please provide the following information:

- The amount of the debt.
- The name of the creditor to whom the debt is currently owed.
- The basis of the debt, including any documentation that verifies the accuracy of the amount owed.
- Any judgment, if applicable.

Please furnish this information within 30 days of receiving this inquiry. Until this validation is provided, please cease all collection activities regarding this debt.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]