

Request for Validation of Time-Barred Debt

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Collector's Name]

[Collector's Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Collector's Name],

I am writing to formally request validation of the debt referenced in your communication dated [date of the collection notice], regarding [details of the debt]. I have reason to believe that this debt is time-barred under [specific state law or statute].

Under the Fair Debt Collection Practices Act, I am entitled to request that you provide documentation verifying the validity of this debt. Please provide the following:

- The original creditor's name and address.
- The amount of the debt.
- The date of the last payment made on this debt.
- Any relevant documentation that supports your claim.

Until I have received this information, I request that you cease all collection activities related to this account. Failure to provide this validation will result in my request to cease further actions.

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

Sincerely,

[Your Name]