

# Debt Validation Request

Your Name

Your Address

City, State, Zip Code

Email Address

Date: [Insert Date]

Collection Agency Name

Collection Agency Address

City, State, Zip Code

Subject: Request for Debt Validation

Dear [Collection Agency Name],

I am writing to request validation of the debt that you claim I owe. Under the Fair Debt Collection Practices Act, I have the right to request a validation of the debt within 30 days of your initial contact.

Please provide me with the following information:

- The amount of the debt;
- The name of the creditor;
- A detailed explanation of the nature of the debt;
- Proof of your authority to collect this debt.

Additionally, I would like to formally appeal any actions taken against me regarding this debt, as I believe it may not be valid. Please refrain from any collection activities until the verification process is complete.

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]