

Request for Removal of Debt Record

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Debt Collection Agency's Name]

[Agency's Address]

[City, State, ZIP Code]

Subject: Appeal for Removal of Debt Record

Dear [Debt Collection Agency's Name or Contact Person's Name],

I am writing to formally request the removal of the debt record associated with account number [Account Number]. I have completed my payment in full as of [Payment Date], and I believe it is my right to have this record removed from my credit report.

Please find attached all necessary documentation confirming the payment made and any relevant communications regarding the account.

I appreciate your prompt attention to this matter and look forward to your favorable response.

Thank you for your understanding.

Sincerely,

[Your Name]