

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Your Phone Number]  
[Your Email]

[Date]

[Debt Collector Name]  
[Debt Collection Agency Address]  
[City, State, Zip Code]

Re: Account Number [Insert Account Number]  
Subject: Formal Debt Validation Request - Co-Signer Notice

To Whom It May Concern,

I am writing to you in response to your notice regarding the aforementioned account, for which you claim I am liable as a co-signer or joint account holder. Under the Fair Debt Collection Practices Act (FDCPA), 15 U.S.C. § 1692g, I am formally requesting that you provide verification and validation of this debt.

Please provide the following documentation to substantiate your claim:

- A copy of the original contract or agreement bearing my signature as a co-signer or joint applicant.
- A complete statement of account history showing the original debt amount and any interest or fees added.
- Verification that the statute of limitations for collecting this debt in my state has not expired.
- Proof that your agency is licensed to collect debts in my state.
- The name and address of the original creditor.

I am disputing this debt until such time as you can provide proof of my legal obligation to pay it. If you cannot provide the requested documentation, I request that you cease all collection activities and remove any negative reporting associated with this account from my credit reports.

Be advised that this is not a refusal to pay, but a request for validation. Until this matter is resolved, do not contact me via telephone; all future correspondence regarding this matter must be in writing and sent to my address listed above.

Sincerely,

[Your Signature]

[Your Printed Name]