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

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

**RE: Dispute and Validation Request for Account Number: [Your Account Number]**

To Whom It May Concern,

I am writing to formally dispute the validity of the debt associated with the account number listed above. Pursuant to my rights under the Fair Debt Collection Practices Act (FDCPA), 15 U.S.C. $ 1692g, I am requesting formal validation of this debt.

This is not a refusal to pay, but a notice that your claim is disputed and that I am requesting documentation to verify that I am the actual debtor and that the amount you are claiming is correct. Please provide the following information:

- The name and address of the original creditor.
- The original account number associated with this debt.
- A complete breakdown of the amount claimed, including principal, interest, and any added fees.
- Copies of any judgment or contract that establishes the legal obligation to pay this debt.
- Proof that the statute of limitations for collecting this debt has not expired.
- Documentation proving that you are licensed to collect debts in my state.

Be advised that if you fail to provide this validation within 30 days, you must cease all collection activities and remove any derogatory information regarding this account from my credit reports.

Furthermore, I request that you limit all future communications regarding this matter to written mail only. Do not contact me via telephone at my home or place of employment.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]