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

Date: [Date]

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

RE: Notice of Identity Theft and Debt Invalidation - Account Number: [Your Account Number]

To Whom It May Concern,

I am writing to formally dispute the debt associated with the account mentioned above. I am a victim of identity theft. I did not open this account, I did not authorize the charges, and I have not received any benefit from the goods or services associated with this account.

Pursuant to the Fair Credit Reporting Act (15 U.S.C. $ 1681s-2) and the Fair Debt Collection Practices Act (15 U.S.C. $ 1692g), I am requesting that you:

- Immediately cease all collection activities regarding this account.
- Conduct a formal investigation into the fraudulent nature of this debt.
- Provide me with copies of all documents related to the account, including the application, transaction records, and signatures used to open the account.
- Remove any negative information related to this account from my credit reports.
- Provide me with written confirmation that the debt has been invalidated and the account closed.

Enclosed are the following documents to support my claim:

- A copy of my Identity Theft Report (FTC Affidavit or Police Report).
- A copy of my government-issued identification.
- [List any other supporting documentation, e.g., proof of residence at the time the account was opened].

Please provide a response within 30 days of receiving this letter. Failure to correct this error may result in legal action under the Fair Credit Reporting Act.

Sincerely,

[Your Signature]

[Your Printed Name]