

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

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

RE: Account Number [Insert Account Number]

To Whom It May Concern,

Please be advised that I am representing myself in relation to the above-referenced account. This letter serves as formal notice that I am disputing the validity of this debt.

Under the Fair Debt Collection Practices Act (FDCPA), I request that you provide me with the following information:

- The amount of the debt.
- The name of the original creditor to whom the debt is owed.
- Verification or a copy of any judgment (if applicable).
- Proof that you are licensed to collect debts in my state.

Furthermore, I am requesting that you cease all telephone communication with me regarding this matter. You may only contact me in writing at the address provided above.

Please note that this is not a refusal to pay, but a formal request for validation of the debt. I look forward to receiving the requested documentation within 30 days.

Sincerely,

[Your Signature]

[Your Printed Name]