# Blank Debt Validation Letter

[Your Full Name]  
[Your Address]  
[City, State, ZIP Code]  
[Date]  
  
[Debt Collector’s Name]  
[Debt Collector’s Address]  
[City, State, ZIP Code]  
  
Subject: Request for Debt Validation  
  
To Whom It May Concern,  
  
I am requesting validation of the debt you claim I owe, as allowed under the Fair Debt Collection Practices Act (15 U.S.C. § 1692g).  
  
Please provide documentation to verify this debt, including:  
- The name and address of the original creditor  
- The amount of the debt, with a breakdown of fees and interest  
- Proof that you are legally authorized to collect this debt  
  
Until this information is provided, I request that you cease all collection activities.  
  
Sincerely,  
[Signature]  
[Printed Name]  
[Date of Birth]  
[Last 4 digits of SSN]