# 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]