YOUR NAME
YOUR ADDRESS
YOUR CITY STATE AND ZIP

COLLECTION AGENCY NAME
COLLECTION AGENCY ADDRESS
CITY STATE AND ZIP

DATE

To [person whose name appears on agency's notice to you]:

Thank you for your recent inquiry. This is not a refusal to pay, but a notice that your claim is being disputed. This is a request for validation made pursuant to the Fair Debt Collection Practices Act.

Be advised that I am not requesting a "verification" that you have my mailing address, I am requesting a "validation;" that is, competent evidence that I have some contractual obligation to pay you.

You should also be aware that sending unsubstantiated demands for payment through the United States Mail System might constitute mail fraud under federal and state law. You may wish to consult with a competent legal advisor before your next communication with me.

Your failure to satisfy this request within the requirements of the Fair Debt Collection Practices Act will be construed as your absolute waiver of any and all claims against me, and your tacit agreement to compensate me for costs and attorney fees.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
YOUR NAME TYPED HERE