[Date]

[name of agency]

[correspondence address]

[city, state, zip]

RE: DEBT VALIDATION REQUEST

 [YOUR NAME]

Last 4 Digits of Social Security Number [\*\*\*\*]

Account Number: [\*\*\*\*]

Dear Account Representative:

 I received a letter from your office dated [DATE] advising me that your office is taking collection efforts against me with regard to the above-referenced account.

 Please be advised that this is not my debt. Please immediately cease all collection efforts and do not report this matter on my credit reports.

 If you believe I am responsible for this debt, please provide me with the following:

* Contract: A copy of a contract or other document I signed wherein I agreed to be personally responsible for this debt.
* Billing Records: A complete record of all advances and charges made against the account.
* Correspondence: Copies of all correspondence.
* Correspondence Addresses: The correspondence address you used to correspond with me in the past.

 This is a DEBT VALIDATION REQUEST made within 30-days of receipt of your first correspondence. Until you have provided me with this information, do not take any collection efforts on this account and do not report this matter on my credit reports. Please do not contact me by phone regarding this account. The telephone calls are particularly upsetting to me (15 U.S.C. 1692d(5), California Civil Code 1788.11(d).

Sincerely,

 [YOUR NAME]

 [Your Correspondence Address]

 [City, State, Zip Code]