

DEBT VALIDATION LETTER

To: Professional Account Services, Inc.,
7100 Commerce Way,
Suite 100,
Brentwood, TN 37027

To Whom This May Concern,

Upon receiving my recent Credit report, I have found information regarding debt that is being claimed against me.

Date Opened: Jul. 20, 2020

Creditor: BROOKSVILLE REGIONAL HOSPITAL

Balance Due: \$2,269

Be advised this is not a refusal to pay, but a notice sent pursuant to the Fair Debt Collection Practices Act, 15 USC § 1692g stating your claim is disputed and validation is requested. This is NOT a request for "verification" or proof of my mailing address, but a request for VALIDATION made pursuant to the above-named Title and Section. I respectfully request your offices provide me with competent evidence that I have any legal obligation to pay you. At this time, I will also inform you that if your offices have reported invalidated information to any of the 3 major credit bureaus (Equifax, Experian or TransUnion) this action may constitute fraud under both Federal and State Laws. Due to this fact, if any negative mark is found on any of my credit reports by your company or the company that you represent, I will not hesitate in bringing legal action against you and your client for the following: Violation of the Fair Credit Reporting Act, Violation of the Fair Debt Collection Practices Act, and Defamation of Character. If your offices are able to provide the proper documentation as requested in the following Declaration, I will require at least to investigate this information, during which time all collection activity must cease and desist. Also, during this validation period, if any action is taken which could be considered detrimental to any of my credit reports, I will consult with my legal counsel for suit. This includes any listing of any information to a credit reporting repository that could be inaccurate or invalidated.

If your office fails to respond to this validation request within 30 days from the date of your receipt, all references to account must be deleted and completely removed from my credit file and a copy of such deletion request shall be sent to me immediately.

CEASE AND DESIST

I would also like to request, in writing, that no further telephone contact be made by your offices. If your offices continue to attempt telephone communication with me, it will be considered harassment and I will have no choice but to file suit. All future communications with me **MUST** be done in writing and sent to the address noted in this letter.

It would be advisable that you and your client assure that your records are in order before I am forced to take legal action.

Name: William Cruzado
D.O.B. 01/26/1979
Address: 2402 Winnipeg dr
LAKELAND, FL 33805
SSN: 044720749

A handwritten signature in black ink, appearing to read 'William Cruzado', with a stylized, overlapping flourish at the end.

Date: Nov 20, 2020