

Date

Your Name

Your Address

Your City, State, Zip Code

Dispute Department

Name of Credit Bureau

Address

City, State, Zip Code

Dear Sir or Madam:

I am writing to dispute the following information in my file. The items I dispute also are circled on the attached copy of the report I received.

This item (*identify item(s) disputed by name of source, such as creditors or tax court, and identify type of item, such as credit account, judgment, etc.*) is (inaccurate or incomplete) because (*describe what is inaccurate or incomplete and why*). I am requesting that the item be deleted (*or request another specific change*) to correct the information.

Enclosed are copies of (*use this sentence if applicable and describe any enclosed documentation, such as payment records, court documents*) supporting my position. Please reinvestigate this (these) matter(s) and (delete or correct) the disputed item(s) as soon as possible.

Sincerely,

Your full name

Date of birth

Social Security number

Enclosures: (List what you are enclosing)