

Medical Alert System Service Termination Notice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request the termination of my medical alert system service with [Company Name], effective [Termination Date]. My account number is [Account Number].

The reason for this termination is [Brief Explanation, if desired].

Please confirm the termination of my service and provide information regarding any final bills or equipment return procedures within the next [Specify Time Frame].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]