

# Notice of Discontinuation of Medical Alert Service

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Medical Alert Service Provider Name]

[Provider Address]

[City, State, Zip Code]

Dear [Service Provider's Contact Name],

I am writing to formally notify you that I wish to discontinue my medical alert service effective [Insert Discontinuation Date]. My account number is [Insert Account Number].

Thank you for your service to date. Please confirm the cancellation of my account at your earliest convenience.

Sincerely,

[Your Name]