

Phone Contract Cancellation Request

Your Name: [Your Name]

Your Address: [Your Address]

City, State, Zip Code: [City, State, Zip Code]

Email: [Your Email]

Phone Number: [Your Phone Number]

Date: [Date]

Customer Service Department

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear Customer Service Team,

I am writing to formally request the cancellation of my phone contract due to medical reasons. My account number is [Your Account Number]. In [Month, Year], I was diagnosed with [Brief Description of Medical Condition], which has affected my ability to manage my phone services effectively.

Given my circumstances, I kindly ask for your understanding and support in waiving any cancellation fees associated with this request. I have attached relevant medical documentation to assist with the process.

Please confirm the cancellation of my contract and any next steps I need to complete.

Thank you for your attention to this matter. I appreciate your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]