

Request for Cessation of Pest Service

Your Name
Your Address
City, State, ZIP Code
Email Address
Phone Number
Date: [Insert Date]

[Pest Control Company Name]
[Company Address]
City, State, ZIP Code

Dear [Pest Control Company Name],

I am writing to formally request the cessation of pest control services provided at my property located at [Your Property Address]. My account number is [Your Account Number].

Due to [reason for cessation, e.g., relocation, change of service needs, etc.], I have decided to terminate the services effective immediately. I request confirmation of the cancellation and any final invoicing if applicable.

Thank you for your attention to this matter. I appreciate your prompt response.

Sincerely,
[Your Name]