

# Cancellation of Refuse Collection Subscription

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Service Provider Name]

[Service Provider Address]

[City, State, Zip Code]

Dear [Service Provider's Contact Name],

I am writing to formally request the cancellation of my refuse collection subscription, effective immediately. My account number is [Your Account Number].

Please confirm the cancellation of my subscription at your earliest convenience. If there are any final payments due, please let me know.

Thank you for your services thus far. I appreciate your prompt attention to this matter.

Sincerely,

[Your Name]