



**SOS ALARM**  
**3273 Biddle Rd**  
**Medford OR 97504**

## **Request to Cancel Alarm Service**

**Return to SOS Alarm:**  
**Fax 541-776-2819**  
**E-mail [melisa@sosasap.com](mailto:melisa@sosasap.com)**  
**Phone: 541-773-3900 ext 317**

**Account # \_\_\_\_\_**

**For Leased Systems:** SOS Alarm requires 30 days written notice to cancel or change service. Customer is responsible for leased equipment and service fees until the system is either removed or a new alarm contract is signed to transfer responsibility for the system.

**For Customer-owned Systems:** SOS Alarm requires 30 days written notice to cancel or change service. Please indicate if you want the alarm system to be made local, powered down, or if it will be taken over by someone else. Be advised that SOS Alarm will need to schedule a service appointment at the site to cancel your alarm service and close the existing account. Note: if the site is in the City of Medford, you are required to keep the alarm permit current to use the alarm system, even if it is not monitored.

**Note:** if the site is being sold, please provide the expected date of close of escrow and the contact name and phone number for the new owner/occupant or for their realtor.

**Please indicate** if you would like a free security review of your new location or a bid on moving the system. There is no cost or obligation.

**Account Name:** \_\_\_\_\_

**Site Address:** \_\_\_\_\_

**Contact name and phone:** \_\_\_\_\_

**Desired effective date:** \_\_\_\_\_

**Reason for cancellation:** \_\_\_\_\_

**Updated address for closing statement:** \_\_\_\_\_

**Check box for:**      New site review:      Move bid:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Form must be signed by an authorized person on the account to be valid.  
Please return the completed form to SOS Alarm at the address, fax number, or e-mail address above.