

NOTICE OF CANCELLATION

Email to Info@lamarcosystems.com

Please check the current contract(s) terms/conditions/duration. Cancellation fee may apply.

Account Information

Customer Name (Company or Individual Name): Premises Address: Email Address:			Contact Person:		Account #:		
			City:		State: Zip Code		p Code:
			Phone Number:				
	l,		would	like to:			
;	Start Date:	End Date	e: Effecti	ve Date:			
Temporarily			Permanen	tly			
cancel follo	wing servi	ces with Lamard	co Systems: (pleas	e select a	ill that	apply)
All Recurring Services							
Maintenence	Fire		Burglar	CCTV			Access Contro
Monitoring	Fire		Burglar	Elevato	or		Area of Rescu Assistance
Inspection and Testing	Fire		Burglar				Assistance
Technical Support	CCTV		Access Control				
Reason for Cancellation	n						
Moving to another location			ike to refer us to a				
Not satisfied with service			nformation and red w owner signs up t				
Switching to new service provider Other:		Customer Name (Company or Individual Name):		-			
By signing this form, I w	arrant that	the information	submitted herein	is true an	d corr	ect.	1
Signature:		Print Name:		Date:			

Contact us +1-847-239-7590 info@lamarcosystems.com