

REQUEST TO DEACTIVATE BURGLAR ALARM MONITORING SERVICES FORM

Passcode: _____ Account Number: _____

I, _____, the authorized account holder,
wish to deactivate burglar alarm monitoring services for my property located at:

Street City State Zip Code

Date of deactivation: _____

My final bill, if any, should be mailed to (provide if different from above):

Street City State Zip Code

Telephone number where I can be reached: _____

My reason for the requested deactivation:

By signing below and submitting this request to Sunshine State Security Inc., I understand that on the date of deactivation my burglar alarm system will no longer send signals to the central monitoring station and that neither the central monitoring station nor the police, fire, or other essential emergency personnel will attempt to contact me or appear for assistance in the event of an emergency due to an alarm activation.

Signature of Authorized Account Holder

Date