



Please accept this as written notification that I would like to cancel my 24-hour monitoring service at the address referenced below as of the ____ day of _____, 20___. I understand that after this date there will be no response from the police or fire department on Granite Security System's behalf in the event of an alarm.

(Please print)

Name: _____

Address: _____

_____ City State Zip

If there is an outstanding balance due on this account, please mail a final statement of my account to the address below (required if address is different from above):

(Please print)

Signature: _____ Date: _____

**Please complete and return by mail to the address below or by fax to (512) 302-1275. Thank you!*

LICENSE NO. B 08601
4515 HUDSON BEND RD.
SUITE 100
AUSTIN, TEXAS 78734
512-302-1181 • FAX: 302-1275