



Request for Account Cancellation

The Armed Response Team requires a signed document requesting cancellation of customer accounts. Please print, complete, sign and mail or fax this document.

Upon receiving the mailed or faxed form an Armed Response Team representative will call you immediately to make an appointment to **un-program** your system. This has to be done in the home/business in order for your alarm signal to no longer be sent to our central monitoring center. Upon completion, The Armed Response Team will properly close your account.

This form must be filled out in its entirety and signed by an authorized Account Holder.

Account Information

Account Name: _____ Effective Date: _____
(One month from)

Reason for Request: _____

Address: _____ Phone #: _____

Signature: _____ Date: _____

You will be receiving a call from our office to schedule an appointment to un-program your system. (If applicable)

Date: _____ Time: _____

To be filled out by Technician.

Please **MAIL** or **FAX** this completed form to:

The Armed Response Team
ATTN: Accounts Receivable Dept.
6201 B Pan American NE
Albuquerque, NM 87109

505-237-2278 office
505-338-7200 fax

Thank you for using our service! I hope we can be of service again in the future.

AART Representative Signature: _____