



Cancel Service Request

(Please Print)

Date: _____

Service Address: _____ Apt/Sp#: _____

Full Name – Include Initial: _____

Mailing/Forwarding: _____

Phone Number: _____

Date to Stop Service: _____

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I certify all statements to be true and correct.

Signature: _____

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Phone: (503) 472-6158 Fax: (503) 472-5211 Post Office Box 638; 855 NE Marsh Lane; McMinnville, Oregon 97128-0638