



Cancel Service Request

(Please Print)

Date: _____

Service Address: _____

Full Name – Include Initial: _____

Forwarding Address: _____

Date to Stop Service: _____

Update Your Contact Information

Name (First, Last, M): _____

Home Telephone: _____

Business Telephone: _____

Mobile Telephone: _____

E-Mail Address: _____

I certify all statements to be true and correct.

Signature: _____ Date: _____

E-Mail office@mc-power.com | Phone (503)472-6158 | Fax (503)472-5211 | PO Box 638 | 855 NE Marsh Lane