



Please scan and email or fax back completed form.

Cancellation / Service Change Form

Date \_\_\_\_\_

Name \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

- REACTIVATE
- CANCEL - Terminate and remove the account record (Fee required when reactivated)
- CANCEL - Terminate but leave the account record (Fee required when reactivated)
- SEASONAL SUSPEND
- REACTIVATE FROM SEASONAL SUSPEND PLAN
- CHANGE - \_\_\_\_\_

NUMBER OF DEVICES

SERIAL NUMBERS

COMMENTS

Date Completed \_\_\_\_\_

Initials \_\_\_\_\_

Safety Track  
249 Main Street  
Belleville, MI 48111