

**ACCOMMODATION AND PASSHOLDER
TERMINATION REQUEST ACKNOWLEDGEMENT**

Date of Request: _____

Accommodation Number: _____

Club Account Number: _____

Name of Passholder: _____

By signing this termination request, I respectfully request that all funds paid towards the Summer 2020 rental be returned to me and I relinquish my accommodation and Passholder rights for Summer 2020. I also acknowledge that all monies will be refunded to me within 6-8 weeks of the inspection (club employee and Passholder in attendance for inspection) pursuant to a satisfactory and cleaned out accommodation.

Passholder Signature: _____

Fax to: Silver Gull: 718.634.6300 Surf Club: 718.634.6700

Email to: jblatman@ortegaparks.com