**\*Please ask for a copy of this cancellation notice. If billing has not stopped after 30 days please contact the office immediately to resolve the problem.**

**30-day Cancellation Notice**

Customer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing will be terminated 30 days after this notice is signed. Please postmark

Please send to address below through Certified Mail:

4573 North Mayo Trail

Pikeville, KY 41501

Please return key fob after membership expires.

Reason for departure:

**Customer Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Management use only:**

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing will be terminated on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

Check one of the following:

* Month To Month
* Early Termination