

Longmont Recreation Services 2009 Monthly Auto Pay Cancellation

Customer/Passholder: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Total Paid Per Month: _____

Reason for Cancellation

Customer Signature: _____ Date: _____

Customer Signature: _____ Date: _____

Recreation Staff Signature: _____

Staff Use Only:

Please mail this form back to Cathy Diesing at the Memorial Building.