



Cancellation Request Form

Today's Date: _____

Guest Name: _____

Reservation Number _____

Property Name/# _____

Dates of Stay: _____

Reason for Cancellation:

As stated in your Vacation Rental Lease Agreement our Cancellation policy states:

All cancellations must be received in writing. Tenant is responsible for verifying that Seaside Vacations has received cancellation letter. No refund of payment on confirmed reservations until cancelled period is fully re-rented and confirmed for the same rental amount. Tenant will be responsible for any discounts extended to re-rent the property. Once re-rented, all payments (excluding trip cancellation insurance premium) will be refunded by mailed check.

Guest Signature: _____

Cancellation Request Form to be submitted to Finance upon completion.

Fax: 252.261.0165 Email: accounting@seasiderealty.com

Office Use Only:

Received By: _____

Date: _____

Cancelled By: _____

Date: _____