

The Ponds at Foxhollow

Date Received: _____
Date Cancelled: _____

Interval Owners' Rental Termination

Unit(s) Assigned: _____ Week(s) Assigned: _____
Owner Number(s): _____

I (We):

(Name(s) as it appears on Lease, hereinafter "Owner")

Do hereby terminate my prior written agreement with THE PONDS AT
FOXHOLLOW to rent my/our unit(s) for year: _____

As evidenced by my/our signatures below, I/We have read the terms and
conditions of this Agreement and agree to terminate our prior rental agreement
with The Ponds at Foxhollow.

Owner Signature: _____

Owner Signature: _____

Address: _____

City, State, Zip: _____

Home Telephone: _____

Daytime Telephone: _____

E-mail Address: _____

**Please Mail
or Fax to:**

The
Ponds At
Foxhollow
Route
7
Lenox,
Massachusetts
01240

Fax:
(413) 637-
4181
Office:
(413) 637-
1469