

CANCELLATION FORM

Tarifverbund Lungau-Katschberg-Obertauern
Seekarstraße 2
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LUNGAU · KATSCHBERG · OBERTAUERN
LUNGO
DER SKIPASS

I/we(*) hereby cancel the contract concluded by me/us(*) for the purchase of the following goods(*) / the provision of the following service(*)

Ordered on(*)/received on(*)

Name of the consumer(s)

Address of the consumer(s)

Date

Signature of the consumer(s) (only in the case of paper notification))