

Notice of Termination Domestic Partnership

City of Cleveland Division of Assessments and Licenses 601 Lakeside Avenue, Room 122 Cleveland, Ohio 44114

Phone: (216) 664-2264

Hours of Operation:
8:00 a.m. to 4:30 p.m. Weekdays

DALLicenses@clevelandohio.gov

File No. T-

NOTICE OF TERMINATION OF DOMESTIC PARTNERSHIP

The undersigned partner(s) hereby declare that the domestic partnership has since been dissolved and shall be hereby terminated.

NOTE: Following the termination of this domestic partnership, each former domestic partner who has received or qualified for any benefit or right based upon the existence of this domestic partnership and whose receipt of that benefit or enjoyment of that right has not otherwise terminated, shall give prompt notification of any third party who provides such benefit or right that the domestic partnership has been terminated.

(ONLY ONE PARTNER IS REQUIRED TO COMPLETE)

Domestic Partner #1	Domestic Partner #2
Print Name:	Print Name:
Street Address:	Street Address:
City, State and Zip:	City, State and Zip:
Signature	Signature
This domestic partnership is immediately ter	rminated and the names of the former domestic partner

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