

City of Toledo

NOTICE OF TERMINATION OF DOMESTIC PARTNERSHIP

The undersigned hereby declare that the domestic partnership has been dissolved and the domestic partners no longer share a common residence, continue to be in an intimate relationship and share responsibility for each other's common welfare, or one of the parties is married to a third party or is a member of a civil union or domestic partnership with a third party.

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 to any third party who provides such benefit or right that the domestic partnership has been terminated.

Domestic Partner

Domestic Partner

Signature (only one signature required)

Signature

Print Name

Print Name

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

This domestic partnership is immediately terminated and the names of the former domestic partners are removed from the domestic partnership registry of the City of Toledo this, _____ day of _____, 20_____.

Clerk of Council