



CITY OF GAINESVILLE
Clerk of the Commission
 200 East University Avenue, Mail Station 18
 Gainesville, Florida 32601
 Phone: 352-334-5015
 Email: Clerks@CityofGainesville.Org

DECLARATION OF TERMINATION OF DOMESTIC PARTNERSHIP
 Article ____ Chapter ____ of the City of Gainesville Code

Registration Number: _____

Instructions:
 Complete and submit this form (**notarization is required**) to the Office of the Clerk of the Commission at the address above. A filing fee of \$_____ must accompany the registration form. Make check payable to the City of Gainesville. The termination of Domestic Partnership becomes effective on the date this form is filed with the Clerk of the Commission. **This form is to be used when only one partner is signing.**

Do you or your domestic partner claim any exemption to public record disclosure pursuant to Section 119 Florida Statutes?
 Yes No. If "yes", submit a detailed explanation of exemption on a separate page.

1. The Domestic Partnership between _____
 and _____, Registration Number _____ is hereby terminated, and

2. On _____, the Clerk of the Commission was provided with the unsigned partner's last known address, which is: _____, and

3. I hereby certify that my former partner was notified of this termination via certified or registered mail on _____, 20____; or

4. I have taken the following good-faith efforts to notify my former partner of this action:

Print Name: _____

Address: _____ Telephone Number: _____

I swear or affirm under penalty of perjury that the statements above are true and correct.

Signed on _____ in _____, _____ (State)
 (Date) (City)

Signature _____ (Print) Last, _____ First _____ Middle _____

The termination of the registered domestic partnership will not terminate powers and rights granted by contract between the parties or by separate legal instrument.

Notarization of signature required.

State of _____ County of _____, Sworn to and subscribed before me this _____ day of _____, 20____, by _____ who is personally known _____ or produced Identification _____.

Signature of Notary Public _____

For Clerk's Use Only: Filing Date _____ Received by: _____ Registration # _____