



CITY OF SHOREWOOD
 5755 COUNTRY CLUB ROAD
 SHOREWOOD, MINNESOTA 55331
 (952) 960-7900

TERMINATION OF A DOMESTIC PARTNERSHIP

City Code Chapter 110
\$25 Termination Fee payable to City of Shorewood

Office Use Only

Date Received: _____

Date Effective: _____

Receipt No. _____

I request termination of my domestic partnership. This form must be signed in front of a Notary.

- _____ I have read and understand the terms and conditions of Chapter 110 of the Shorewood City Code attached to this termination.
- _____ I affirm that I have met the termination requirements of Domestic Partners.
- _____ I have attached the affidavit of service of notice required by Section 110.05 of the City Code.

TERMINATION REQUESTED BY: _____
 PRINT FIRST, MI, LAST NAME

 PRINT ADDRESS (STREET, CITY, STATE, ZIP CODE)

DOMESTIC PARTNER: _____
 PRINT FIRST, MI, LAST NAME

 PRINT ADDRESS (STREET, CITY, STATE, ZIP CODE)

I hereby certify all the information given is complete and accurate.

 Applicant's Signature

 Date

The Information collected on this document is public and will be available to whoever requests this data pursuant to the Minnesota Data Practices Act.

STATE OF MINNESOTA
COUNTY OF _____

The foregoing instrument was acknowledged and signed before me this _____ day of _____, 20____,

By _____
 Applicant Name

 Notary Public
 My Commission Expires on _____

(Notary Stamp)