

**CITY OF BERKELEY
STATEMENT OF TERMINATION OF DOMESTIC PARTNERSHIP**



I/WE DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THESE STATEMENTS BELOW ARE TRUE AND CORRECT.

The partnership between:

First Party:

NAME: _____
(Please Print)

SIGNATURE: _____ DATE _____

ADDRESS: _____

City State Zip

AND

Second Party:

NAME: _____
(Please Print)

SIGNATURE: _____ DATE _____

ADDRESS: _____

City State Zip

Originating on: _____, 20____,

is terminated, effective upon receipt of this form by the City Clerk Department.

Fee:

\$5.00 when both parties have signed.

\$15.00 when only one party signs. A copy will be mailed to the last known address of the non-signing party by Certified/Return Receipt mail to:

NAME OF NON-SIGNING PARTY:

(Please Print)

LAST KNOWN ADDRESS:

City State Zip

Bring or mail form to:

Berkeley City Clerk Department
2180 Milvia Street, 1st Floor
Berkeley, CA 94704

For City Clerk Department use only:

Fee: \$5.00 _____ Date filed: _____

\$15.00 _____ Date mailed: _____

Initials: _____