



City of Eugene Termination of Domestic Partnership

I/We declare under penalty of perjury under the laws of the State of Oregon that the statements below are true and correct; I/we also understand that I/we cannot file a new Domestic Partnership Registration until six months following the filing of this Statement of Termination.

The partnership between:

First Party:

First M.I. Last

Address City, State and Zip Code

Second Party:

First M.I. Last

Address City, State and Zip Code

which was registered on _____, 20____, in Eugene, Oregon,
terminated on _____, 20____. (Domestic Partnership Registration
No. _____.)

First Party: _____ Date: _____
Signature

Second Party: _____ Date: _____
Signature

Note: If only one partner signs, that partner must provide evidence (certified mail receipt) that the signing partner attempted to notify the other partner of the termination of the partnership..

TO BE COMPLETED BY CITY PERSONNEL: Certified mail receipt provided (if applicable)

Date Filed: _____ City Representative: _____