				Registration ID#:
REQUEST FOR TEL OF DOMESTIC PAI			<b>STRATION</b> City of Seattle, Washington	
THIS SECTION TO BE COM	IPLETED BY TH	E ORIGINAL R	EGISTRANT:	
I / we request that the D	Oomestic Partn	ership Regis	tration of:	
(Name 1)	á	and (Name 2)		This space for City Clerk's Office use only
originally registered with the City of Seattle on			, be te (Date)	erminated.
Requested by:				
(Printed name)			(Signature)	Date
E-mail / phone				
Mail confirmation to:			And also to (optional)	
Street Address / P.O. Box		Unit #		
City	State	ZIP		
THIS SECTION TO BE COM	/PLETED BY A N	NOTARY PUBL	IC	
SUBSCRIBED AND SWOR	N TO BEFORE M	1E		
this day of				
Signature				
MY COMMISSION EXPIRES	S:			
ADDITIONAL INFORMATIO	N			

If you are not sure of the date your partnership was originally registered, leave that line blank or contact the Office of the City Clerk at 206-684-8344 or <u>CityClerk@seattle.gov</u> for the information.

This form and any documents associated with the domestic partnership registration or termination are not confidential; they are public records subject to disclosure under Revised Code of Washington (RCW) Section 42.56. If you have questions or concerns on this issue, please contact our public disclosure unit at <u>LEG domesticpartnership@seattle.gov</u> or 206-684-7566.

FOR CITY CLERK'S C	OFFICE USE ONLY
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Database Updated:	Confirmation Mailed:

MAIL COMPLETED FORM TO: Office of the City Clerk DPR Program 600 Fourth Avenue P. O. Box 94728 Seattle, WA 98124-4728

OR EMAIL COMPLETED ELECTRONIC FORM TO: LEG\_domesticpartnership@seattle.gov