



PORT OF EDMONDS

TERMINATION NOTICE

ACCOUNT NUMBER _____ SLIP / SPACE _____

On this date, I _____, wish to Terminate my Lease Agreement at the Port of Edmonds. I understand that according to my Moorage Agreement / Dry Storage Agreement, I am required to give **30 Days Written Notice** . Therefore, my last day of tenancy will be _____(DATE).

You will be required to return any keys, parking permits and fuel cards issued to you by the Port by the date of termination.

Reason for Termination: _____

****Fees will be assessed to your account for unreturned parking permits****

TENANT SIGNATURE _____ DATE _____

FOR STAFF USE ONLY

Date Notice Received: _____ Staff Initials: _____

Official Term Notice: _____ Staff Initials: _____