



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).

Reason for Termination (optional): _____

*You will be required to return any keys & parking permits issued to you by the Port by the date of termination. Please note that your final statement will be sent out the month **following** your termination date. This statement will indicate any final balance owed and if there is a credit balance, a refund check will be sent to the address on file.*

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

Tenant Signature _____ DATE _____

Staff Initials _____ DATE RECEIVED _____