

# INDEPENDENT CONTRACTOR TERMINATION NOTICE

Effective Date

Place

## 1. Parties

This document is made on \_\_\_\_\_ ( \_\_\_\_\_ ) by:

### Client

Individual

Full Legal Name

SSN / ID

Doc Series

Address

### Addressed to:

### Contractor

Individual

Full Legal Name

SSN / ID

Doc Series

Address

## 2. SUBJECT-MATTER SCHEDULE & SPECIFICATIONS

Contract Being Ended (Title & Date)

Termination Effective Date

Reason for Termination

Final Payment & Deliverables

Return of Materials & Access

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**3. EXECUTION & SIGNATURES**

**Client**

Signature

  

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Full Legal Name

  

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Date

  

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