

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

3. EXECUTION & SIGNATURES

Client

Signature

Full Legal Name

Date
