

**CITY OF UNALASKA
P.O. BOX 610
UNALASKA, ALASKA 99685
(907) 581-1251**

LEASE TERMINATION

TAXI PERMIT NO. _____

TO THE CITY OF UNALASKA:

This is notification that the lease agreement entered into between the parties listed below has been terminated effective _____. Please change your records to reflect this termination.

LESSOR

OWNER(S) NAME: _____

BUSINESS NAME: _____

MAILING ADDRESS: _____

PHONE: _____

LEASEE

NAME: _____

BUSINESS NAME: _____

MAILING ADDRESS: _____

PHONE: _____

Date: _____

PERMIT OWNER/LESSOR

