



CITY OF TOPEKA

CITY CLERK
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Topeka, KS 66603-3914
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Request for Removal Form - Domestic Partner Registry

I/WE request removal from the City of Topeka Domestic Partner Registry and agree to the terms and conditions for removal pursuant to Ordinance No. 19905.

Reason for Removal

Termination requested by one or both partners Death of Partner

FIRST PARTNER

NAME: _____
(Please Print)

SECOND PARTNER

NAME: _____
(Please Print)

APPLICANT'S
RESIDENCE ADDRESS: _____

City	State	Zip
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Registration No.: _____

Upon receipt, the City shall provide the domestic partner who filed the Request for Removal from the Domestic Partner Registry with two (2) copies of the Request marked "filed." Removal from the Registry shall be effective upon filing the request with the City Clerk.

If partners are **NOT** filing jointly, the partner filing the request shall within five (5) days send a copy of the filed request to the other partner's last known address.

SIGNATURE of Applicant(s): X _____
X _____