

THIS INSTRUMENT PREPARED BY:

Name: _____

Address: _____

**STATE OF FLORIDA
COUNTY OF ESCAMBIA**

NOTICE OF TERMINATION

THE UNDERSIGNED hereby gives notice that the effective period of that certain Notice of Commencement dated _____, recorded in O.R. Book/Page _____/_____ of the Public Records of Escambia County, Florida, will terminate; and, in accordance with Section 713.132, Florida Statutes, the following information is provided:

1. The date and recording information for the Notice of Commencement being terminated are as described above, and all information contained therein is hereby expressly incorporated into this NOTICE OF TERMINATION.
2. The Notice of Commencement shall be terminated as of _____, or 30 days from the recording of this Notice of Termination, whichever date is later.
3. This Notice of Termination applies to:

- ☐ all the real property subject to the above described Notice of Commencement.
☐ only to the portion of such real property described as:

4. All lienors have been paid in full or prorate in accordance with Section 713.06(4), Florida Statutes.
5. A copy of this notice has been served on the Contractor and on each lienor who has given notice, if any.

**STATE OF FLORIDA
COUNTY OF ESCAMBIA**

OWNER'S SIGNATURE

OWNER'S SIGNATURE

OWNER'S PRINTED NAME

OWNER'S PRINTED NAME

SWORN TO AND SUBSCRIBED before me this _____ day of _____,
20____ by _____. Personally known to me OR
who has produced identification _____.

NOTARY PUBLIC – STATE OF FLORIDA

(SEAL)

PRINT OR STAMP COMMISSIONED NAME OF NOTARY

Exhibit Attached:

- ☐ Contractor's Final Payment Affidavit
☐ Property Legal Description
☐ Copy of Notice of Commencement