

Termination Notice of Mutual Aid Agreement

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to formally notify you of the termination of the Mutual Aid Agreement entered into on [Insert Date of Agreement]. In accordance with the terms outlined in Section [Insert Section Number] of the agreement, we hereby provide you with [Insert Notice Period, e.g., thirty (30) days] notice of our intent to terminate the agreement.

The reason for this termination is [Insert reason, if appropriate]. We believe it is in the best interest of both parties to conclude our mutual aid relationship at this time.

Please acknowledge receipt of this notice and confirm your understanding of the termination. Should you have any questions or wish to discuss this matter further, please feel free to contact us at [Insert Your Contact Information].

We would like to thank you for the cooperation and support provided during the term of our agreement.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Address]

[City, State, Zip Code]