

Consent for Partnership Dissolution

Date: [Insert Date]

To: [Partner's Name]
[Partner's Address]
[City, State, ZIP Code]

Dear [Partner's Name],

We, the undersigned partners of [Partnership Name], hereby consent to the dissolution of our partnership effective [Effective Date].

We acknowledge that all financial obligations and assets have been addressed to the best of our abilities, and we agree to divide any remaining assets or liabilities in accordance with our partnership agreement.

By signing below, we confirm our mutual agreement to dissolve the partnership:

[Your Name]
[Title/Position]
[Date]

[Partner's Name]
[Title/Position]
[Date]

Thank you for your cooperation.

Sincerely,

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]