

**WestCON**  
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## Termination of Services

County Board:

\_\_\_\_\_ currently receives services from \_\_\_\_\_.  
(Individual(s)) (Provider)

At the request of \_\_\_\_\_, these services will end  
on \_\_\_\_\_.  
(Date)

Services with new agency/individual to begin on \_\_\_\_\_  
(Date)

County Board agrees that replacement provider(s) will start with this consumer(s) on the above date. This may result in a service termination notice of less than 30 days. In that event, both the consumer and provider agree to waive the 30 day notice.

\_\_\_\_\_  
Consumer Date

\_\_\_\_\_  
County Board Representative Date

\_\_\_\_\_  
Provider Date