Enter Date

Insert DAS/CS PM Name

DAS Project Manager

450 Columbus Boulevard, Suite 1201

Hartford, CT 06103

Re: Request for Termination of the On-Call Task Assignment for Project No. Insert Project # - Insert Project Name.

Insert DAS/CS PM Name:

The Insert User Agency Name understands that under the provisions of On-Call Contract No.: Insert On-Call Contract Number that the Commissioner of the Department of Administrative Services may terminate all or any part of the services of the Consultant by providing said Consultant with a written notice of termination by registered or certified mail, and that the mailing of said notice precludes any claim on the part of the Consultant as to failure to receive notice of such termination.

It is further understood that the Consultant shall be entitled to such compensation as determined reasonable for services already satisfactorily performed and accepted under said Contract, but no amount shall be allowed for anticipated profit on unperformed services. The Insert User Agency Name shall be entitled to all data, drawings, specifications, reports, estimates, summaries, and such other information and materials as may have been accumulated by the Consultant, whether compete or in progress, pursuant to the Contract.

Please be advised that the Insert User Agency Name does hereby request termination of On-Call Task Assignment No. Insert Task # assigned to Insert Consultant Name under the provisions of Contract No. Insert On-Call Contract Number for the above referenced project.

Sincerely,

Insert Authorized Representative Name

Insert Authorized Representative Title

cc Craig Russell, Director Project Support Services, craig.russell@ct.gov