ASSESSMENT OFFICE WEBSITE: MANCHESTERCT.GOV PHONE: (860) 647-3016 EMAIL:

EMAIL: PERSONALPROPERTY@MANCHESTERCT.GOV

Print Name



MANCHESTER TOWN HALL 41 CENTER STREET P.O. BOX 191 MANCHESTER, CT 06045-0191

AFFIDAVIT OF BUSINESS TERMINATION OR MOVE OR SALE OF BUSINESS

| Business Owners Nam | ne: | | | - , |
|---|---|--|--|----------|
| Business Name: | | | | |
| Business Address: | | | | |
| _ | | ty I do so certify that the a O, MOVED TO or TERMI | | erty was |
| SOLD TO: | Name | Address | 5 | |
| MOVED TO: | | | | |
| TERMINATED: | | | | |
| of assets bein - Certificate of - Letter from yo - A signed lette the new locat | y of the bill of sale g sold. Dissolution from t our bank showing r on business lette ion of the assets. | e. Showing buyer and selled the Connecticut Secretary of the date the business according erhead stating the date the with the Assessor in the ne | of State's Office. ount was closed. e business moved all a | |
| Signature | | - | Date Signed | _ |