



TOWN OF WASHINGTON

BRYAN MEMORIAL TOWN HALL
POST OFFICE BOX 383
WASHINGTON DEPOT, CONNECTICUT 06794
ASSESSOR'S OFFICE
PHONE: (860) 868-0398

Notification of Close/Relocation of Business

Business Name: _____

Taxpayer Name: _____

Property Location of Business: _____

Date of Close/Relocation of Business: _____

Phone: _____ Email: _____

Did you go out of business? *Please provide proof per examples below.* ☐ Yes ☐ No

Did you sell the business? *Please provide proof per examples below.* ☐ Yes ☐ No

Did you move your business? *Please document details below.* ☐ Yes ☐ No

Details/Other: _____

You MUST attach a copy of a Bill of Sale or Department of Revenue Services (DRS) Final Sales & Use Tax Return or Connecticut Secretary of State's Acceptance of Dissolution or final business utility bill AND Trade Name Certificate cancellation receipt from the Town Clerk's Office and return with this NOTARIZED affidavit to the Assessor's Office **on or before November 1st.**

The signer is made aware that the penalty for making a false affidavit is a \$500.00 fine or imprisonment for one year or both.

Print Name: _____

Signature: _____

*******Do Not Write Below This Line/Notary Use Only*******

_____ personally, appeared before me, and has sworn
under oath the written statement above is accurate and correct on this _____ day of

_____, 20____.

Notary Public

My Commission Expires: _____