



TOWN OF NEWINGTON

200 Garfield Street Newington, Connecticut 06111

Assessor's Office

AFFIDAVIT OF BUSINESS TERMINATION OR MOVE OR SALE OF BUSINESS OR PROPERTY

I, _____ of _____
Owner Name Business Name

at _____ for the October 1, _____ Grand List with regards
Business Address in Newington Year

to said business personal property, I do so certify that on _____ said business
Date of Disposition

personal property was (Please check appropriate box):

SOLD TO: _____
New Owner's Name and Address

MOVED TO: _____
Complete address to where business personal property was moved

TERMINATED

(Attach Bill of Sale or Certificate of Dissolution with this form)

If said business was terminated, please indicate what was done with the assets below:

I DO HEREBY declare under penalty of false statement that this affidavit is a true statement completed according to the best of my knowledge, remembrance, and belief. **(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.)**

Signature

Date Signed

Print Name

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