



TOWN OF NEWINGTON

200 Garfield Street, Newington, Connecticut 06111

Assessor's Office

AFFIDAVIT OF BUSINESS CLOSING / TERMINATION / MOVE / SALE

I _____ of _____
Business Owner Name Business Name

Located at: _____ UID: _____
Business Location

I do so certify that on _____ the business named above was:
Date

SOLD to: _____ \$ _____
Name of Person or Company Mailing Address Sale Price

MOVED to: _____
Address City/Town ST Zip

TERMINATED on: _____ *Attach a copy Letter of Dissolution and return it with this affidavit*
Date

Signature Print Name Date

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