



Town of Easton

TOWN HALL - ASSESSOR'S OFFICE
225 CENTER ROAD
EASTON, CONNECTICUT 06612

PHONE (203) 268-6291

FAX (203) 268-4928

www.eastonct.gov

AFFIDAVIT OF TERMINATION, MOVE OR SALE OF BUSINESS OR PROPERTY

Business Owners Name: _____

Business Name: _____

Business Address: _____

With regards to said business or property I do so certify that the above business or property was:

SOLD TO: _____
Name Address

MOVED TO: _____

TERMINATED: _____
Date of Business Closing

Attach one of the following documents:

- Complete copy of the bill of sale. Showing buyer and seller's information, date of sale and listing of assets being sold.
- Certificate of Dissolution from the Connecticut Secretary of State's Office.
- Letter from your accountant or financial institution stating the date the business was closed or moved to new location.
- A signed letter on business letterhead stating the date the business moved all assets along with the new location of the assets.
- A copy of the declaration filed with the Assessor in the new jurisdiction.

I _____ hereby certify to the accuracy of the above information. I am aware that the penalty for making a false affidavit is a \$500.00 fine or imprisonment for one year or both.

Signature

Date

Print Name