



Town of New Hartford Assessor's Office

Notification of Close/Relocation of Business *in the Town of New Hartford*

Business Name: _____

Taxpayer Name: _____

Property Location of Business: _____

Date of Close/Relocation of Business: _____

Did you go out of business? Yes No

If you have a Dissolution Form from the State of Connecticut, please provide us a copy.

Did you sell the business? Yes No

If yes, who was the business sold to? _____

Did you move your business? Yes No

If moved, to what street address and town? _____

Never owned or conducted business in New Hartford. Yes No

Reason(s)/detail: _____

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: _____