

## **Town of Colebrook** Assessor's Office

## Notification of Close/Relocation of Business in the Town of Colebrook

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 Colebrook. ☐ 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.				
Drint Name				
Print Name:				
Signature:				
******Do Not Write Below	This Line/Not	arv Use Only*****		
Do Not Willo Bolon				
personally appeared before me, and has sworn				
under oath the written statement above is accura	ate and correct	on this	day of	
, 20 .				
	Notary Public  My Commission Expires:			
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