



# TOWN OF STONINGTON

## DEPARTMENT OF ASSESSMENT

152 Elm Street • Stonington, Connecticut 06378

(860) 535-5098 • Fax (860) 535-5052

email: [assessor@stonington-ct.gov](mailto:assessor@stonington-ct.gov)

### AFFIDAVIT OF PERSONAL PROPERTY STATUS

Please Print

I \_\_\_\_\_ of \_\_\_\_\_  
Owner Name Business name (if applicable)

at \_\_\_\_\_ for the October 1, \_\_\_\_\_ Grand List with  
Street location in Stonington Year

regard to said business or property do so certify the following regarding the above business:

Business has not yet started: \_\_\_\_\_  
Check Here Indicate anticipated start date

Or

Business was never started and will not be started: \_\_\_\_\_  
Check Here

Or

Business was: Sold: \_\_\_\_\_ Moved: \_\_\_\_\_ Terminated: \_\_\_\_\_  
Date Sold Date Moved Date Terminated

Sold to: \_\_\_\_\_  
Name Address

Moved To: \_\_\_\_\_  
Address of the City/Town and State to where business property was moved

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.

Owner's Signature: X \_\_\_\_\_ Dated: \_\_\_\_\_  
Owner's Signature

Subscribed and sworn to before me: X \_\_\_\_\_ Dated: \_\_\_\_\_  
Notary

My commission expires: \_\_\_\_\_