



TOWN OF STONINGTON

DEPARTMENT OF ASSESSMENT

152 Elm Street • Stonington, Connecticut 06378

Telephone (860) 535-5098

email: 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: _____