Statement of Discontinuance, Withdrawal, or Deceased from Business or Partnership

Commonwealth of Massachusetts

Town of Belchertown

2 Jabish Street, Belchertown, MA 01007
Office of the Town Clerk
413-323-0281 clerk@belchertown.org

_____

(Name of Business)

_____

(Business Address – both Physical & Mailing if different)

In conformity with the provisions of Chapter One Hundred and Ten, Section Five of the Massachusetts General Laws, the undersigned hereby declares...

Discontinuance of the Business as of: _____

Withdrawal from the Partnership as of: _____

*Deceased from Ownership as of: _____

by the following named person:

Full Name: _____ Mailing Address: _____

Signature: _____ Today's Date: _____

***If deceased, full name and signature of administrator of estate**: _____

***Please be aware that you may be responsible for Personal Property bills not yet issued if your business was open during the assessment period of the upcoming fiscal year. For more information, call the Assessor's Office @ 413-323-0413*

A NOTARY PUBLIC MUST WITNESS SIGNATURES IF NOT SIGNED AT THE TOWN CLERK'S OFFICE.

On this date, _____, the above named person(s) personally appeared before me and made oath that the foregoing contents of this document are accurate and true.

_____ _____

(Notary Public) **Town Clerk**

_____ _____

(Notary Public Commission Expiration Date) **Date Recorded by Town Clerk**

SEAL