

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



Town of Deerfield
Commonwealth of Massachusetts

(Name of Business)

(Business Address - 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: _____

****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 Assessors' Office @ 413-665-1400 x106**

Signature: _____ Today's Date: _____

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

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

On this date, _____

personally appeared before me, _____
provided satisfactory evidence of identification and made oath that the foregoing contents of this document are accurate and true.

(Notary Public)

(Notary Public Commission Expiration/Seal)

Town Clerk

Date Recorded by Town Clerk