



NEW BUSINESS PERSONAL PROPERTY AFFIDAVIT

NAME OF BUSINESS _____

E-MAIL _____ PHONE _____

DATE STARTED IN WEST HARTFORD _____

TYPE OF BUSINESS _____

INDIVIDUAL [] PARTNERSHIP [] CORPORATION [] LLC []

BUSINESS LOCATION _____

BUSINESS MAILING ADDRESS _____

FORMER LOCATION (IF ANY) _____

NAME OF OWNER(S) _____

HOME ADDRESS _____

CITY, STATE & ZIP CODE _____

WHERE DO YOU PREFER TO HAVE CORRESPONDENCE SENT?

BUSINESS ADDRESS [] HOME ADDRESS []

WHAT IS THE SQUARE FOOTAGE OF THE SPACE YOUR BUSINESS OCCUPIES (NOT APPLICABLE TO HOME BASED BUSINESSES)?

ASSESSMENT DEPARTMENT
50 SOUTH MAIN STREET
WEST HARTFORD, CT 06107
(860) 561-7410