



NEW BUSINESS PERSONAL PROPERTY AFFIDAVIT

NAME OF BUSINESS _____

DBA (if applicable) _____

E-MAIL _____ PHONE _____

START OF BUSINESS IN WEST HARTFORD (MM/DD/YYYY) _____

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 _____

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

WHERE DO YOU PREFER TO HAVE CORRESPONDENCE SENT?

BUSINESS ADDRESS [] HOME ADDRESS []

RETURN TO:
ASSESSMENT DEPARTMENT
ATTN: PERSONAL PROPERTY DIV.
50 SOUTH MAIN STREET
WEST HARTFORD, CT 06107
PHONE: (860) 561-7414
FAX: (860) 561-7590

WHASSESSMENT@WESTHARTFORDCT.GOV