



# TOWN OF FREEPORT

30 MAIN STREET, FREEPORT, ME 04032

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## NOTICE OF BUSINESS CLOSURE FORM

Dear Assessor, you are notified that the following business has \_\_\_\_\_ relocated out of Freeport \_\_\_\_\_ ceased operation before April 1st. All business personal property has been removed from the business location. Please delete the personal property account associated with this business.

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
OWNER'S NAME

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
PHONE NO EMAIL

\_\_\_\_\_  
PHONE NO EMAIL

\_\_\_\_\_  
BUSINESS LOCATION MAP/LOT

\_\_\_\_\_  
BUSINESS TYPE RELOCATED/ CEASED OPERATION DATE

Under penalties of perjury, I declare to the best of my knowledge and belief, the information submitted are true, correct, and complete.

**I affirm that my electronic signature were signed by myself with full knowledge and consent and am legally bound to these terms and conditions.**

\_\_\_\_\_  
APPLICANT SIGNATURE

You agree and understand that by signing the Notice of Business Closure Form, that all electronic signatures are the legal equivalent of your manual/handwritten signature and you consent to be legally bound to the information you are submitting. You further agree your signature on this document is valid as if you signed the document in writing.

\_\_\_\_\_  
DATE TITLE