

Town of Waterford
15 Rope Ferry Rd
Waterford, CT 06385
(860)444-5831

Certificate of Cancellation of Trade Name

I/We, _____ request that the Trade Name file with
the Town Clerk's Office on _____ (date), under the name
of _____ and assigned File# _____, be cancelled.

SIGNATURES: _____

State of Connecticut)

) ss: Waterford

Date:

County of New London)

*Personally appeared _____ Who subscribed and swore to the truth of the
foregoing certificate, and acknowledged that (he, she, they) executed the same, before me.*

*Town Clerk/ Assistant Town Clerk
Notary Public Justice of the Peace*