

TOWN OF PORTLAND
P.O. BOX 71
PORTLAND, CT 06480
860-342-6743

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: Portland

Date:

County of Middlesex)

*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*