## TOWN OF DANVERS ASSESSING DEPARTMENT



## **REQUEST FOR CLOSE OF BUSINESS**

Please complete all of the sections that apply to you, print clearly, and sign.

REQUIRED BY DEPARTMENT:	Closed Business	
	Relocated Business	
BUSINESS NAME:		
BUSINESS OWNER:		
TELEPHONE:		
FAX:		
EMAIL:		
CLOSED/MOVED DATE:		
PERSONAL PROPERTY ID#:		
SIGNED	DATE	
Print Name		

Please be advised that all businesses that were in business as of January 1<sup>st</sup> are responsible for the full fiscal year tax bill.