

Affidavit

On this _____ (day of month) day of _____ (month), 20____, I, _____ no longer own Tangible Personal Property located in the County of Seminole, described as:

Account Number: _____
Business Name: _____
Business Address: _____
City, State & Zip: _____

as of _____, (disposal date) due to the following reason checked below:

The business was relocated to:

County: _____ State, _____
Street: _____
City, St, & Zip _____

Business was sold

Date of Sale: ____ / ____ / ____ Price: _____
Buyer: _____
Address: _____
City, St & Zip: _____

The business was dissolved, terminated and the assets were:

- Retained in storage:
- Abandoned on site
- Destroyed or otherwise disposed of
- Donated to: _____

I certify that the information above is true and accurate.

***Signature:** _____

***Printed Name:** _____
Printed Name, Title (Owner, President, etc.)

***Address:** _____

***Phone number:** _____

Email address: _____

*** Required Fields**