



**Town of Barre, Massachusetts**

Visit our home page at [townofbarre.com](http://townofbarre.com)

**Office of the Town Clerk**

40 West Street, P. O. Box 418, Barre, Massachusetts 01005

Phone: (978)-355-2504 Ext. 5 Fax: (978)-355-5025

[clerk@townofbarre.com](mailto:clerk@townofbarre.com)

**FEE \$25.00**

*Ellen M. Glidden, CMC, CMMC  
Barre Town Clerk*

*Mary Ann Gendron, Assistant Town Clerk*

Commonwealth of Massachusetts  
Town of Barre

**Statement of Discontinuance, Withdrawal from, or Deceased from Business or Partnership**

In conformity with the Provisions of Massachusetts General Law Chapter 110, Section 5, the undersigned hereby declare that the individual (s) listed below is (are) deceased  , Retired from  Or Withdrawn from  the following business: or the business has been discontinued

Business Name: \_\_\_\_\_

Location of Business: \_\_\_\_\_  
*(Street address as it appears on the Business Certificate)*

As set forth in the certificate filed in the Town Clerk's office on: \_\_\_\_\_  
*(Date of filing)*

1. \_\_\_\_\_  
*(Name, please print) (Address) (Signed)*
2. \_\_\_\_\_  
*(Name, please print) (Address) (Signed)*
3. \_\_\_\_\_  
*(Name, Please print) (Address) (Signed)*

\_\_\_\_\_  
*Signature (Executor/Administrator of Estate if Deceased)*

\_\_\_\_\_ s.s.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ and proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person(s) whose name is signed above and swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief.

(Seal)

\_\_\_\_\_ My Commission Expires: \_\_\_\_\_  
*(Notary Public)*

**Make Checks Payable to the Town of Barre and include a self addressed, stamped envelope for a return copy/receipt.**

This business was discontinued on: \_\_\_\_\_  
*(Date)* Received by Barre Town Clerk (sign & seal)