



City of Woburn, Massachusetts

OFFICE OF THE CITY CLERK

City Hall
10 Common Street
Woburn, MA 01801
781-897-5850

WILLIAM C. CAMPBELL
City Clerk

Change of Address, Withdrawal, or Deceased from Business or Partnership

\$5.00 Filing Fee

In conformity with the provisions of Chapter 110, Section 5 of the Massachusetts General Laws, the undersigned hereby declare(s) that relative to the business known as _____

conducted at _____

as set forth in the certificate filed on _____ by

Print Name

Address

Strike the inapplicable words in the parentheses.

1. I (we) have this day (discontinued/withdrawn from) the business.
2. The location of the (business/my residence) as it appears on the business certificate has been changed to _____
3. As Executor or Administrator for the Estate of _____ who died on _____. I hereby request a (discontinuance of the business certificate/withdrawal of his/her name from the business certificate).

Signature(s)

_____, SS.

On _____ the above named person(s) appeared before me and made oath that the foregoing statement is true.

(Seal)

Notary Public
My commission expires: _____