



**City of Meriden
City Clerk's Office
142 East Main Street
Meriden, CT 06450
203-630-4030**

Certificate of Cancellation of Trade Name

I/We, _____ request that the Trade Name filed with the City Clerk's

Office on _____ (date), under the name of _____

and assigned File# _____, be cancelled.

SIGNATURES: _____

State of Connecticut

ss: Meriden

Date:

County of New Haven

Personally appeared _____ Who subscribed and swore to the truth of the foregoing certificate, and acknowledged that (he, she, they) executed the same, before me.

*City Clerk/Deputy/ Assistant City Clerk
Notary Public/ Justice of the Peace*