



# Secretary of the State of Connecticut

Phone: 860-509-6003 Website: [business.ct.gov](http://business.ct.gov) Email: [bsd@ct.gov](mailto:bsd@ct.gov)

## Notice of Attachment, CGS § 52-283

Use Ink. Complete all sections. Print or Type. Attach 8 1/2" x 11" sheets if necessary.

<p><b>Filing Party</b> (Confirmation will be sent to this address):</p> <p>Name:</p> <p>Address:</p> <p>City:</p> <p>State: <span style="margin-left: 150px;">ZIP Code:</span></p> <p>Email:</p> <p>Telephone Number:</p>	<p><b>Filing Fee: \$50</b></p> <p>Make checks payable to "Secretary of the State"</p>							
<p><b>1. Owner's Exact Legal Name if Individual:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 2px;">Surname:</td> </tr> <tr> <td style="padding: 2px;">First Name:</td> <td style="padding: 2px;">Middle:</td> <td style="padding: 2px;">Suffix:</td> </tr> </table> <p><b>or Business</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Business Name:</td> </tr> </table>		Surname:			First Name:	Middle:	Suffix:	Business Name:
Surname:								
First Name:	Middle:	Suffix:						
Business Name:								
<p><b>Mailing Address:</b></p> <p>Street Address:</p> <p>City:</p> <p>State: <span style="margin-left: 100px;">ZIP Code:</span> <span style="margin-left: 100px;">Country:</span></p>								
<p><b>2. Claimant's Exact Legal Name if Individual:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 2px;">Surname:</td> </tr> <tr> <td style="padding: 2px;">First Name:</td> <td style="padding: 2px;">Middle:</td> <td style="padding: 2px;">Suffix:</td> </tr> </table> <p><b>or Business</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Business Name:</td> </tr> </table>		Surname:			First Name:	Middle:	Suffix:	Business Name:
Surname:								
First Name:	Middle:	Suffix:						
Business Name:								
<p><b>Mailing Address (P.O. Box Unacceptable):</b></p> <p>Street Address:</p> <p>City:</p> <p>State: <span style="margin-left: 100px;">ZIP Code:</span> <span style="margin-left: 100px;">Country:</span></p>								
<p><b>3. Description of Property Attached:</b></p>          								

**4. Location of Attached Property:**

<b>Physical Location of Attached Property:</b>		
Street Address:		
City:		
State:	ZIP Code:	Country:
<b>Signature of Authority Subscribing to Writ</b>		<b>Date</b>