



Secretary of the State of Connecticut

Phone: [860-509-6003](tel:860-509-6003) Website: business.ct.gov Email: 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>Filing Party (Confirmation will be sent to this address):</p> <p>Name:</p> <p>Address:</p> <p>City:</p> <p>State: ZIP Code:</p> <p>Email:</p> <p>Telephone Number:</p>	<p>Filing Fee: \$50</p> <p>Make checks payable to "Secretary of the State"</p>									
<p>1. Owner's Exact Legal Name if Individual:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="padding: 2px;">Surname:</td> </tr> <tr> <td style="width: 40%; padding: 2px;">First Name:</td> <td style="width: 30%; padding: 2px;">Middle:</td> <td colspan="2" style="padding: 2px;">Suffix:</td> </tr> </table> <p>or Business</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>Mailing Address:</p> <p>Street Address:</p> <p>City:</p> <p>State: ZIP Code: Country:</p>										
<p>2. Claimant's Exact Legal Name if Individual:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="padding: 2px;">Surname:</td> </tr> <tr> <td style="width: 40%; padding: 2px;">First Name:</td> <td style="width: 30%; padding: 2px;">Middle:</td> <td colspan="2" style="padding: 2px;">Suffix:</td> </tr> </table> <p>or Business</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>Mailing Address (P.O. Box Unacceptable):</p> <p>Street Address:</p> <p>City:</p> <p>State: ZIP Code: Country:</p>										
<p>3. Description of Property Attached:</p> 										

4. Location of Attached Property:

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