



Clallam County Assessor's Department

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Pam Rushton, Assessor
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PERSONAL PROPERTY CLOSING AFFIDAVIT

I, _____, declare and affirm as follows:

1. I am the owner, officer, partner, member, or duly authorized agent of the business identified below.

2. **Reason for Closing or Transfer (check all that apply):**

- Business permanently closed
- Business sold
- Business relocated outside Clallam County
- Business merged or transferred
- Other (explain): _____

3. **Business Information:**

Business Name: _____

Business Location: _____

4. **Date business ceased operations or transferred ownership:**

5. **Personal Property Status (check all that apply):**

- All personal property was sold or transferred to a new owner
- All personal property was removed from Clallam County
- All personal property was disposed of
- No personal property was owned by this business as of January 1 of the assessment year

6. **New Owner of Personal Property (if applicable):**

Name of New Owner / Business: _____

Mailing Address: _____

Physical Location of Property: _____

Date of Transfer: _____

7. I understand and acknowledge that **all taxable personal property located in Clallam County as of January 1 of the assessment year is subject to taxation for the following year**, regardless of any subsequent sale, transfer, or closure of the business.
8. To the best of my knowledge, any personal property present and owned by this business as of January 1 has been accurately reported to the Clallam County Assessor or transferred to the party identified above.
9. **Advance tax has been paid prior to the sale or transfer**

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature: _____

Date: _____

Printed Name: _____

Title / Relationship to Business: _____

Business Account Property ID: _____

FOR ASSESSOR'S USE ONLY

- Affidavit reviewed
- Personal Property account closed
- Personal Property account remains open
- Property subject to assessment as of January 1
- Adv Tx Pd

Assessment Year: _____

Account Number(s): _____

New Owner Account Created: Yes No N/A

Effective Closure Date Used: _____

Notes: