



State of Connecticut  
Department of Banking  
Consumer Credit Division  
260 Constitution Plaza, Hartford, CT 06103



**REQUEST FOR OFFICE CLOSURE FORM**  
**Sales Finance Company**

**Instructions:**

1. Please complete this form when notifying the Connecticut Department of Banking of an office closure.
2. Please return original license(s) to the Connecticut Department of Banking.

Request for closure will not be processed until ALL the necessary forms are received in the Consumer Credit Division at the Connecticut Department of Banking. Any questions, please contact Nancy Wawruck at 860-240-8221 or via e-mail at [nancy.wawruck@ct.gov](mailto:nancy.wawruck@ct.gov).

License Number(s) \_\_\_\_\_

Name of Licensee \_\_\_\_\_

Effective Date of Office Closure \_\_\_\_\_

Name of person completing this form \_\_\_\_\_ Date: \_\_\_\_\_

Telephone # \_\_\_\_\_ E-mail Address \_\_\_\_\_