



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



**REQUEST FOR OFFICE CLOSURE FORM**  
**Consumer Collection Agency**

**Instructions:**

1. Please complete this form when notifying the Connecticut Department of Banking of an office closure.

2. Consumer Collection Agencies please refer to Section 36a-809-16 – “Consumer collection agencies desiring to terminate business” when closing an office.

3. 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.

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

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

DBA Name (if applicable) \_\_\_\_\_

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

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

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