



TOWN OF BROOKLYN

P.O. Box 356 - Route 6 and 169  
BROOKLYN, CONNECTICUT 06234

OFFICE OF SELECTMEN  
(860) 779-3411 Option 2

TOWN CLERK  
(860) 779-3411 Option 4

TAX COLLECTOR  
(860) 779-3411 Option 5

ASSESSOR  
(860) 779-3411 Option 6

**DRAFT**

**Brooklyn Water Pollution Control Authority**

Sanitary Sewer Waiver

**(MUST BE RENEWED ANNUALLY)**

To be completed by Applicant -

Please Print

Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Reason: (Provide the reason for which you are requesting a waiver) Please print clearly. Use additional paper if needed. \_\_\_\_\_

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Sign and Date: \_\_\_\_\_

Return to [WPCA@brooklynct.org](mailto:WPCA@brooklynct.org)

**WPCA APPROVED:**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Chairmans Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_