



**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

**Water Pollution Control Authority  
Sanitary Sewer Fee Waiver Request  
(MUST BE RENEWED ANNUALLY)**

<i>To be completed by Applicant</i>				
			Date of Application:	
<b>Property Address:</b>				
Full Name of Property Owner:				
Mailing Address:		Town, State, Zip Code:		
Telephone Number:		Email Address:		
<i>Reason: Please provide the reason for which you are requesting the waiver. Use additional paper as needed.</i>				

Property Owner Signature:	
Date:	

**RETURN TO: [wpca@brooklynct.org](mailto:wpca@brooklynct.org)**

<b><u>WPCA APPROVED:</u></b>	
Start Date: _____	End Date: _____
Authorized Signature: _____	
Printed Name of Authorized Signer: _____	Date: _____