



Town of Oxford
S.B. CHURCH MEMORIAL TOWN HALL
486 OXFORD ROAD
OXFORD, CONNECTICUT 06478

WATER POLLUTION CONTROL AUTHORITY

New Sewer User

Filing Requirement- This form must be filed with the Oxford W.P.C.A.
Please complete the form to the best of your ability.

Business Name: _____

Address: _____

Town/State/Zip: _____

Phone/ Fax/: _____

Owner's Name: _____

Is your business served by sewers: Yes: _____ No: _____

(If no, you do not have to fill any more of this form out, just mail back to the W.P.C.A.)

Do you own the property: Yes: _____ No: _____

(If yes, list any other business at this property) (If no, list the owner of the property and mailing address)

Type of Business: _____

Description of Business: _____

How many employees work in your business at the above address? _____

Date your Business opened at the above address? _____

How many square feet does your business occupy at this property? _____ Sq. ft.

What is your estimated water usage for the year? _____ Gallons per year

What is your Standard Industrial Classification (SIC) code: _____

Hazardous Waste Generator Status (Check One)

1. _____ Non Generator
2. _____ Conditionally Exempt Small Quantity Generator
3. _____ Small Generator
4. _____ Large Generator

I DO HERBY declare under penalty of false statement that all sections of this declaration have been completed according to the best of my knowledge, remembrance, and belief; that it is a true statement of all my property information.

Signature _____ Dated _____
Signature/ Title

Print name

WORKING FOR CLEAN GROUNDWATER