



**TOWN OF COVENTRY
SEWER ORDINANCE
WAIVER FORM**

THIS SECTION TO BE FILLED OUT BY TAXPAYER

Property Owner: _____ Date: _____

Property Address: _____ A.P.: _____ Lot: _____

Telephone No. _____ Email Address _____

Please state the ordinance number, article, and paragraph of which you are requesting a waiver form:

Ordinance No.: _____ Article No.: _____ Paragraph: _____

Please state the reason why you are requesting such waiver:

Please attach any supporting documentation that may support your request.

FOR TOWN USE ONLY

Date File: _____

After hearing the applicant, the Sewer Subcommittee is in favor to APPROVE / REJECT a waiver for the above listed ordinance.

x _____ Sewer Subcommittee Chairman Date: _____

After hearing the applicant, the Town Council hereby APPROVE/REJECT a waiver for the above listed ordinance.

x _____ Council President