

Municipality **

Agency Name **

Town/City

(as shown on town regulations)

Street Number/Name and/or PO Box

Notification of Change to Aquifer Protection Agency Contact Information

Please complete and submit this form whenever there is a change in a town's Aquifer Protection Agency contact information. Information submitted on this form will be available to the public on the DEEP website unless otherwise noted in the comments section of the form.

Aquifer Protection Agency Information:

|--|

State		Zip		
Phone #				
Authorized Aquifer Protection Agent Information: (** Identifies required field)				
Agent Name **				
Agent Title				
Street Number/Name and/or PO Box				
Town/City				
State		Zip		
Work Telephone**				
Alternative Telephone				
Fax #				
Work Hours				
E-mail ** (If you do not have an email address, please enter 'Not Available')				
Website with Town Aquifer Protection Information				
Comments				

Submit this completed form by email to deep.aquiferprotection@ct.gov

1 Rev. 1/24/18