

# HOUSATONIC WATER WORKS REIMBURSEMENT APPLICATION

## REQUIRED DOCUMENTATION

- Copy of your most recent Housatonic Water Works bill
- Receipts or invoices

Full name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ GB Housatonic

Physical/service address: \_\_\_\_\_ GB Housatonic

# Of household members: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### Expense Information

Each household in Great Barrington and Housatonic that is served by Housatonic Water Works is eligible to apply for a reimbursement of up to \$300. Expenses incurred on or after January 1, 2018 are eligible. Limit one application per household.

Expense Type	Total Amount
Water filtration system (parts & installation)	\$ _____
Bottled water	\$ _____
Laundry/cleaning related	\$ _____
Grand total:	\$ _____

Applicant signature: \_\_\_\_\_

Applications will be considered on a rolling basis until funding is exhausted. Please mail, email or drop off your completed application, Housatonic Water Works bill, and receipts to:

Selectboard/Town Manager's Office  
Town Hall – 334 Main Street  
Great Barrington, MA 01230  
Email: [SBTM@townofgb.org](mailto:SBTM@townofgb.org)

Date Received

### For Internal Use Only

Invoice #: \_\_\_\_\_ Reimbursement Amount: \_\_\_\_\_ Date: \_\_\_\_\_

\*All applications, bills, receipts, invoices, and any other supporting documentation will be maintained and stored by the Selectboard/Town Manager's Office

Address verified: \_\_\_\_\_ Bill/receipts received: \_\_\_\_\_ Staff initial: \_\_\_\_\_

Notes: