

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 \$1,500. **If you have already received a reimbursement you are eligible for another up to the \$1,500 cap.** 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 first-come-first served basis until 12/31/2026 **OR** until the 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

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: