



**COMMISSIONERS**

Robert Frederico  
Michael Corda  
Kenneth Grew

**SUPERINTENDENT**

David Erickson

44 Millbury Street  
Grafton, MA 01519  
(508)839-2302 - Fax: (508)839-2367

**Treasurer**  
Wendy Graves

Customer Information:

Name: \_\_\_\_\_ Service Address: \_\_\_\_\_  
Telephone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
\_\_\_\_\_ Account Number: \_\_\_\_\_ (12digits)

**Terms and Conditions: Please Read and Sign Below**

Grafton water residents who do not receive their own water bill must include proof of residency in a property served by the Grafton Water District (GWD) and include a copy of a current utility bill (electric, cable, phone, cellular, etc.) with their name and address, driver's license, or other identifying documents.

I certify under pains and penalties of perjury that either I, or a member of my household is a member of the Sensitive Subgroup (pregnant or nursing women, infants, (less than one year old), and people diagnosed by their health car provider to have a compromised immune system) and that the information I have provided is true and accurate. I acknowledge that I will be receiving this rebate (available on a first-come basis as funding allows) only until the GWD determines that this rebate is no longer applicable. I understand and acknowledge that participation in the GWD Sensitive Subgroup Bottled Water Rebate Program is voluntary and does not guarantee that I will not be exposed to PFAS from any sources and is not required by any law and regulation. If I should no longer need bottled water, or the number of eligible subgroup members in my household changes, I agree to contact GWD immediately to reflect the change in eligibility and/or corresponding rebate amount.

I have read, understand, and agree to the terms and conditions of this rebate program.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**For District Use Only**      **Date Application Received:** \_\_\_\_\_  
Rebate Amount: \$ \_\_\_\_\_      Date Approved: \_\_\_\_\_      Date Denied: \_\_\_\_\_  
First Billing Cycle: \_\_\_\_\_  
Approved/Denied by: \_\_\_\_\_      Comments: \_\_\_\_\_  
\_\_\_\_\_

Mail to: Bottled Water Rebate Program, Grafton Water District, P.O. Box 537, Grafton, MA 01519  
Email to: [Customerservice@graftonwaterdistrict.org](mailto:Customerservice@graftonwaterdistrict.org)  
In person to: Grafton Water District, 44 Millbury St., Grafton, MA 01519