

WATER FILTER REBATE FORM

Application for a One (1) Time per home Filter Rebate
(a One Time Rebate will reimburse up to \$100 for Filter and \$100 for Plumber)

Fill out the information completely. All receipts must be attached to the form for Board of Water Commissioners approval. The Board will approve all rebate requests at regular board meetings. Please allow up to 4 to 6 weeks for processing. **Incomplete forms and/or forms missing the attached receipts will not qualify for the rebates. Account must be in good standing with a zero balance to be eligible for any rebate.**

Date: _____ Account # _____
Name: _____ Phone # _____
Property Address: _____ Email: _____

Description of Filter Purchased (include Make and Model #)	Date of Purchase	Amount of Purchase
_____	_____	_____
_____	_____	_____
_____	_____	_____
(Attach all purchase receipts)		TOTAL: _____

Name, Address and License # of Plumber who installed Filter	Date of Installation	Plumbing Fees and Costs
_____	_____	_____
_____	_____	_____
_____	_____	_____
(Attach all plumbing receipts)		TOTAL: _____

NOTE: In order to qualify for the rebates, all filters must be professionally installed by a qualified plumber duly licensed by the Commonwealth of Massachusetts.

I hereby certify **under penalty of perjury** that I am a customer of the Lynnfield Center Water District (District) and that I am the property owner of the above referenced residential property. I **have installed** the filter that I purchased under this agreement **as indicated hereinabove**. I agree to indemnify and hold harmless and defend the District and all of its commissioners, officers, agents, employees or authorized agents, employees or authorized representatives from any claims, suits, actions, losses or liability of every kind, nature and description, including but not limited to, the delivery, installation, product malfunction, plumbing malfunction, maintenance or use of appliances purchased through this program.

Signature of Property Owner

Date of Signature