



Board of Water and Sewer Commissioners  
**TOWN OF FOXBOROUGH**  
70 ELM STREET  
MASSACHUSETTS 02035

Michael P. Stanton, Chairperson  
Richard M. Pacella, Jr., Vice-Chairperson  
Robert T. Garber, Clerk

Robert B. Worthley  
Superintendent  
Telephone 508-543-1209  
Fax 508-543-6278

**WASHING MACHINE  
REBATE APPLICATION**  
FOR WATER CONSERVING WASHING MACHINES  
**\$75.00**

**Customer Name:** \_\_\_\_\_  
(from your Water Bill)

**Property Address:** \_\_\_\_\_

**Number of ppl in Household:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Make/Model:** \_\_\_\_\_

**How did you hear about the Foxborough Rebate Program?**

- |                  |                          |               |                          |               |                          |
|------------------|--------------------------|---------------|--------------------------|---------------|--------------------------|
| Instagram        | <input type="checkbox"/> | Facebook      | <input type="checkbox"/> | Newsletter    | <input type="checkbox"/> |
| Newspaper Ad     | <input type="checkbox"/> | Online Search | <input type="checkbox"/> | Word of Mouth | <input type="checkbox"/> |
| Department Store | <input type="checkbox"/> |               |                          |               |                          |

I hereby certify that I am a customer of record of the Foxborough Water Department for the above referenced property, or that I am the authorized representative of the customer. I understand that my water account must be current and my water meter may be replaced if requested by the Water Department (no charge for this) before a rebate check will be issued.

\_\_\_\_\_  
**Signature of Customer**

\_\_\_\_\_  
**Date**

**\*\*\*PLEASE ATTACH A COPY OF YOUR RECEIPT\*\*\***

Invoice #	<b>Office Use Only</b>	Authorized by:
	99999	
	60450200 553090	