



Charles D. Baker, Governor  
 Karyn E. Polito, Lieutenant Governor  
 Stephanie Pollack, Secretary & CEO  
 Jonathan L. Gulliver, Highway Administrator



**ENVIRONMENTAL SERVICES**

**RESIDENT'S CERTIFICATION FORM**  
**FOR BOTTLED WATER REQUEST**

Dear Sir/Madame:

The Massachusetts Department of Transportation (MassDOT), Highway Division is investigating your complaint of salt contamination of your water supply. During our investigation, we may provide bottled water to residents whose sodium intake is restricted to less than 2000 milligrams (two grams) per day because of documented health problems.

*In order to qualify for bottled water, you must:*

1. Be under a doctor's care for a blood pressure or heart condition.
2. You must be on a 2000 milligrams per day, or less, sodium restricted diet.
3. You must already be purchasing diuretics and low sodium foods and can provide and maintain receipts to document these purchases.
4. You must provide a statement from your physician documenting your restricted sodium intake (see attached "Physicians Documentation Form").
5. You must notify this office of any change in your condition that removes your need for this bottled water.
6. You must certify your request for MassDOT supplied bottled water and have your signature notarized by the Notary Public as follows:

I hereby certify that all the statements and information on and supplied by this request for bottled water are true and complete to the best of my knowledge and belief, and that no information necessary to the resolution of this complaint is withheld.

Resident's signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMMONWEALTH OF MASSACHUSETTS

\_\_\_\_\_  
County City/Town State

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document and acknowledged to me that he/she signed it voluntarily for its stated purpose.

Before me,

\_\_\_\_\_  
Notary Public  
My commission expires:

If you believe that you qualify for this program, please put your request in writing, with reference to Items 1-6 above, and submit to:

Laurene J. Poland  
MassDOT, Highway Division  
Ten Park Plaza, Room 4260  
Boston, MA 02116

If you have any questions, you may contact Cate Kenna, Salt Remediation Program Coordinator, at 857-368-8804.