



Board of Commissioners

Vicki A. Kline, President
Kathleen Clyde, Vice President
Sabrina Christian-Bennett, Board Member

Gene Roberts, P.E. Director
Water Resources Department

**DISCOUNT PROGRAM
 APPLICATION FORM**

Name of Applicant _____ Name of Spouse _____

Address of Homestead _____

Age of Applicant _____ Phone No. _____

You must have the Homestead Exemption on your property taxes to qualify for this 10 % Discount.

I declare under perjury that I occupy this homestead as my principal place of residence and that I have examined this application and to the best of my knowledge and belief the information is true, correct and complete.

Signature of Applicant _____ **Date** _____

FOR DEPARTMENT USE ONLY

Parcel No. _____ Approved by _____

Account Number _____

MAIL THIS COMPLETED AND SIGNED APPLICATION TO:

PORTAGE COUNTY WATER RESOURCES
 DISCOUNT PROGRAM
 449 S MERIDIAN ST
 PO BOX 812
 RAVENNA OH 44266-0812



8116 Infirmary Rd. ☐ Ravenna, OH 44266 ☐ 330.297.3670 ☐ 330.297.3689 (fax)

"An Equal Opportunity Employer"

"To provide public water and wastewater services in order to preserve and promote the health and safety of the Portage County Community."

