



Portage County Water Resources Billing Office

449 S Meridian Street, 7th Floor, P.O. Box 812

Ravenna, OH 44266-0812

Billing Office: 330.297.3672

Fax: 330.297.3680

Application for Seasonal Water Service Shut Off/Turn On

Date: _____

Account No. _____

Customer Name (Print): _____

Address: _____

City, State, Zip: _____

Phone Number(s): _____

Service Address (if different from above): _____

City, State, Zip: _____

Date Requested for Water Shut off (\$25 charge): _____

Date Requested for Water Turn on (\$25 charge): _____

Customer will be called to set up the turn on appointment at which the customer must be present.

Applicant's Signature: _____

Payment is due at the time of application. Miscellaneous charges and fees are per Section 1400.07 of the Portage County Rules and Regulations, Resolution 12-0552.

Notes & Comments:

Payment Received by (DBFM employee): _____

Total Charge: \$ _____

Cash or Check # _____

TO BE COMPLETED BY WATER RESOURCES DEPARTMENT:

Portage County Water Resources Employee: _____

Date of Service: _____

Meter Read: _____