



Water Resources Department

Board of Commissioners

Anthony J Badalamenti, President
Sabrina Christian-Bennett, Vice President
Mike Tinlin, Board Member

**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."

