

## **Portage County Water Resources Billing Office**

4973 S. Prospect Street P.O. Box 812 Ravenna, OH 44266-0812 Billing Office: 330.297.3672

Fax: 330.297.3680

## **Application for Water Service Shut Off/Turn On**

Date:	Account No
Customer Name (Print):	
Address:	
City, State, Zip:	
Phone Number(s):	
Service Address (if different from abo	ve):
City, State, Zip:	
Date Requested for Water Shut off (\$	25 charge):
There will be no one living at the	service address during the duration that the water is turned off.
Date Requested for Water Turn on (\$25 charge):	
Customer must be present at the turn	n on appointment.
Applicant's Signature:	
	tion. Miscellaneous charges and fees are per Section 1400.07 of the
Notes & Comments:	
Payment Received by (DBFM employe	pe):
Total Charge: \$	Cash or Check #
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TO BE COMPLETED BY WATER RESOUR	RCES DEPARTMENT:
Portage County Water Resources Emp	oloyee:
Date of Service:	Meter Read: