



Board of Commissioners
Sabrina Christian-Bennett
Anthony J. Badalamenti
Mike Tinlin

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

