



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

