



Board of Commissioners

Christopher Smeiles
Chuck Keiper
Maureen T. Frederick

Harold G. Huff, Director
Water Resources Department

**DISCOUNT PROGRAM
APPLICATION FORM**

Name of Applicant _____ Name of Spouse _____
 Address of Homestead _____
 Age of Applicant _____ Birth Date _____ Phone No. _____

You must have the Homestead Exemption on your property taxes to qualify for this discount.

I declare under penalty of 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 THE COMPLETED AND SIGNED APPLICATION TO:

PORTAGE COUNTY WATER RESOURCES
DISCOUNT PROGRAM
449 SOUTH MERIDIAN STREET
PO BOX 812
RAVENNA, OHIO 44266-0812

