

PORT CLINTON WATER WORKS



**1868 East Perry Street
Port Clinton, OH 43452**

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Help 2 Others (H2O) Program

(Assistance for Infrastructure Fee Only)

Ordinance 28 – 20 Section 4

Financial Assistance for Port Clinton residents who meet all of the following requirements and have provided required proof:

1. Are you sixty-five (65) years of age or older? Y__ N__; **DOB** _____
2. Do you own and occupy your service address as your primary residence? Y__ N__
3. Do you own a second residence? Y__ N__; **Address:** _____
**Second residence will cause disqualification
4. Will the infrastructure fee cause you to suffer a financial hardship? Y__ N__
Please state reason for hardship: _____

*****Must renew each year by December 1st to be considered for January waiver*****

Date of Application _____

Applicant Name _____

Phone Number _____

Service Address _____

Account Number _____

Applicant Signature _____

By signing this application, I attest the information provided is true and accurate and any false or fraudulent information will be subject to all penalties provided by law.

| For Office Use Only | | |
|--|----------------------------------|--|
| Date Received _____ | Calendar Year _____ | No. Months _____ |
| Safety Service Director or Designee approval _____ | | |
| Date Approved/Denied _____ | Waiver Given \$ _____ | |
| Safety Service Director or Designee denial _____ | | |
| Reason for denial _____ | | |
| Informed Customer-Date _____ | Letter/Phone/e-mail/Verbal _____ | Update Excel Sheet _____ |
| Water Infr Fee Disabled _____ | Sewer Infr Fee Disabled _____ | Comments (Enrollment Date/Year/Months) _____ |