

PORT CLINTON WATER WORKS



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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) _____