



Elyria City Hall
Public Utilities
131 Court Street, Suite 102
Elyria, Ohio 44035
Phone: (440) 326-1570 Fax: 440-326-1588
www.cityofelyria.org

APPLICATION FOR HOMESTEAD EXEMPTION CREDIT
WATER, SEWER and REFUSE

SERVICE ADDRESS:

(Street Address) (City, State and Zip code)

UTILITY ACCOUNT HOLDER (NAME ON BILL):

(First, MI, Last)

UTILITY ACCOUNT NUMBER _____

PROPERTY OWNER (NAME ON COUNTY TAX BILL):

(First, MI, Last)

PROPERTY PARCEL NUMBER _____

Telephone Number (____) _____

Cell Phone Number (____) _____

Email Address: _____

The information associated with this application has been examined by me, and is, to the best of my knowledge and belief, true, correct and complete.

Account Holder/ Applicant Signature: _____ Date: _____

Separate applications must be completed for each account that a credit is being requested.

DEPARTMENTAL USE ONLY

Account # _____ Date _____

Verified/Recorded By _____ WATER SEWER REFUSE