



The City of Lorain, Ohio

UTILITIES DEPARTMENT

Administrative Offices – 1106 First Street
Lorain, Ohio 44052

Joseph A. Carbonaro
Director of Utilities

SUMMER SEWER DISCOUNT POOL APPLICATION

Property Owner Name: _____

Service Address: _____

Account Number: _____

City/State/Zip: _____

Phone: _____ Email: _____

Reason for Request for Sewer Discount to be considered between May 1st & September 30th:

I understand that my request to receive a discount on my sewer usage consumption may not be approved and this is merely a request for the Director of Utilities or their designee to review my application. Should my request be denied, I understand that there will be no method for appeal and I will be responsible for payment of my sewer usage on my utility bill. The City of Lorain is not responsible for the possible water flow and pressure loss/increase, damage to the inside or outside of property, or any other damages associated with this request.

By signing this form I agree to the fullest extent permitted by law, that I shall indemnify and hold harmless and immediately defend the City of Lorain.

My signature below, signifies that I agree to all the conditions stated above.

Property Owner's Signature

Date

Request form may be returned to: 1106 First Street, Lorain, Oh 44052 or **Email to:** utbilling@cityoflorain.org