



Application No. _____

209 S. Main Street • Marysville, Ohio 43040
Phone: (937) 645-7350 • Fax: (937) 645-7351 • www.marysvilleohio.org

SECONDARY METER GRANT APPLICATION

This grant is for existing City of Marysville residential utility customers who utilized the summer sewer credit program between 2017 and 2018.

Please complete and return this form with a cost estimate from a licensed city contractor. The contractor **MUST** be licensed with the City of Marysville or become licensed prior to performing any work. All work must conform to City standards. **Property Owners will be notified of their eligibility for grant funds. Funds will be awarded on a first-come, first, serve basis.**

Property Address: _____

Contact information of Property Owner:

Name: _____

Address: _____

Telephone: (home/cell) _____

Email Address _____

Summer Sewer Credits Received in year(s) 2017 or 2018 or both? _____

Property Owner(s) signature(s) _____

To determine eligibility, the City **MUST** be able to verify that the current Property Owner utilized the summer sewer credit program in 2017 and/or 2018 for the property listed above. Additionally, a separate Secondary Meter Application must be completed and approved by the city for grant eligibility. The Property Owner must comply with all of the procedures and requirements stated on the Secondary Meter Application. The Property Owner is required to pay the licensed contractor in full before grant money is distributed. Upon completion of the work, the Property Owner must forward a copy of the paid invoice to the City for reimbursement of an amount not to exceed \$300 of the installation cost. The cost of the secondary meter and meter installation fee of \$75.00 will be waived by the City for grant eligible Property Owners.

Submit completed applications and cost estimate to: **City of Marysville, Attn: Utility Billing Department, 209 S. Main Street, Marysville, Ohio 43040 or via email to utilities@marysvilleohio.org**

For Office Use:

Approved for Grant Program: Yes ___ No ___ Date Received (date stamp):

Project Number: _____

Project Amount: _____

Amount of City Match: _____

Project Deadline Completion Date: ___/___/___

Final Invoice Submission Date ___/___/___