



CITY OF GALION

Utilities Office

115 Harding Way East • Galion OH 44833-2087

Voice (419) 468-6611 • Fax (419) 468-8216

www.galion.city

CARES ACT UTILITY REIMBURSEMENT GRANT APPLICATION

****must be returned by November 30, 2020 to be eligible***

Account Holder Name: _____

Service Address: _____

I certify that I have had difficulty making required utility payments due to substantial loss of household income, loss of compensable hours of work or wages or a lay-off from March 1 – October 1, 2020. I also certify that I am using best efforts to make payments that are as close to full payments as possible.

I understand that this grant payment will not relieve me of any obligation to pay for any remaining utility balance, prohibit the City from collecting late fees or disconnecting utilities as a result of failing to pay on a timely basis.

I also understand that applying for the CARES Act utility reimbursement funds does not guarantee approval.

Account Holder Signature

Date

For office use only

Account number: _____

Date application received: _____

Inside City Limits? Yes No

Application approved? Yes No

Date reimbursement credit applied (if applicable): _____

Water \$ _____ Sewer \$ _____ Storm \$ _____ Electric \$ _____