

User Charge Annual Certified Statement – TAX-EXEMPT USER (7g)

- | | |
|-----------------------------|---|
| 1. a. Parent Company | b. Reporting Facility -- User Account No. _____ |
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| City, State, Zip Code _____ | City, State, Zip Code _____ |
| Telephone _____ | Telephone _____ |

NOTE: Any RD-925 EZ FILL statement received blank or incomplete will be considered not submitted. The RD-925 EZ FILL YELLOW statement is also available online with an automatic calculation feature for your convenience.
www.mwrd.org->Departments->Monitoring & Research->User Charge Section Forms->RD-925 EZ FILL YELLOW

2. Nature of Business: _____
3. Number of employees in 2013: _____ a. Number of workdays in 2013: _____ b. Do you work on weekends? Yes No
4. Total Number of Incoming Water Meters: _____
5. Volume reported represents period from _____ to _____

Annual Quantities	Total	
6. Volume (gal)	_____	(if volume is provided in cubic feet, multiply by 7.480 to get gallons)
7. Five-Day BOD (mg/L)	119	_____
8. Five-Day BOD (lbs)	_____	(multiply Line 6 by 0.00099246)
9. Suspended Solids (mg/L)	168	_____
10. Suspended Solids (lbs)	_____	(multiply Line 6 by 0.00140112)

- Computation of User Charge for TAX-EXEMPT USERS**
11. Total Annual Volume Charge (multiply Line 6 by \$0.00024518)..... _____
12. Total Annual BOD Charge (multiply Line 8 by \$0.25434)..... _____
13. Total Annual Suspended Solids Charge (multiply Line 10 by \$0.16760)..... _____
14. Total Gross User Charge (Add Lines 11, 12, and 13)..... _____
15. 2012 Second Installment Property Taxes Paid to Metro Water Reclamation District ***If APPLICABLE***..... _____
16. Total Ad Valorem Tax Credit (Multiply Line 15 by 0.424) ***If APPLICABLE***..... _____
- 17. Total Net User Charge (Subtract Line 16 from Line 14)**..... _____
18. Total Payments Made (Year to Date)..... _____
19. Total User Charge Remaining Due (Subtract Line 18 from Line 17)..... _____

Prepared by: _____ Telephone No. _____

Certification: The undersigned, being first duly sworn on oath, deposes and says that he/she has examined this statement and its supporting documentation and to the best of his/her knowledge and belief, same are true, correct, and complete.

Signature of Officer/Owner: _____
 PRINT Name & Title: _____
 Telephone No. _____

Witnessed by: _____ On: _____ (mm/dd/yy)
 Notary Public/Seal: _____

For District Use Only

Year _____

\$Paid _____

Deposit Date _____

Post Date _____

Check No. _____

Batch No. _____

Mail the original of this Certified Statement, supporting documentation, and payment by February 20, 2014 to:

**Metropolitan Water Reclamation District of Greater Chicago
 Lock Box No. 98429
 Chicago, IL 60693**

Failure to file a correct and complete statement, on time, to the Lock Box listed above, together with all required supporting documentation, and to pay the full amount owed by the due date, will subject the User to penalty and/or interest charges as provided by the User Charge Ordinance. For your convenience, the User Charge Ordinance and a copy of this form are available on our website at www.mwrd.org. For phone inquiries call (312) 751-3000.