RD-925 EZ FILL (BLUE)

2012

User Charge Annual Certified Statemen	t – LARGE COMMERCIAL-INDUSTRIAL USER (7g)	FOR THE YEAR
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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 BLUE 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 BLUE						
2.	. Nature of Business:						
3.	3. Number of employees in 2012: a. Number of workdays in 2012: b. Do you work on weekends? Yes No						
4.	Total Number of Incoming Wa	ater Meters: to					
	Volume reported represents p nual Quantities	Total					
	Volume (gal)	(if volume is provided in cubic feet, multiply by 7.480 to get gallons)					
	, , ,	(multiply Line 6 by 0.00099246)					
	•	(Indiaply Line e by elecced rey					
		(multiply Line 6 by 0.00140112)					
	,	r LARGE COMMERCIAL-INDUSTRIAL USERS					
		(multiply Line 6 by \$0.00025648)					
		ultiply Line 8 by \$0.25922)					
13.	3. Total Annual Suspended Solids Charge (multiply Line 10 by \$0.19595)						
14.	4. Total Wastewater Loading Charge (Add Lines 11, 12 and 13)						
15.	5. Administrative Cost Recovery (ACR) Charge (from 2012 ACR Worksheet)						
16.	6. Total Annual Gross User Charge (Add Lines 14 and 15)						
17.	7. 2011 Second Installment Property Taxes Paid to <i>Metro Water Reclamation District</i>						
18.	8. Total Ad Valorem Tax Credit (Multiply Line 17 by 0.486)						
19.	9. Total Net User Charge (Subtract Line 18 from Line 16; if Line 18 is > Line 16, enter 0)						
20.	Total Payments Made (Year	o Date)					
21.	Total User Charge Remaining	g Due (Subtract Line 20 from Line 19)					
	pared by:	Telephone No.					
	0	being first duly sworn on oath, deposes and says that he/she has examined this statement and to the best of his/her knowledge and belief, same are true, correct, and complete.					

Signature of Officer/Owne PRINT Name & Title:	er:			
Telephone No		On:	(mm/dd/yy)	\$Paid
Notary Public/Seal:		0	(mm/dd/yy)	Deposit Date
Mail the original of this Ce	Post Date			
Motropolitan	Check No.			

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 <u>www.mwrd.org</u>. For phone inquiries call (312) 751-3000.

Batch No.