

**User Charge Annual Certified Statement – TAX-EXEMPT USER**

FOR THE YEAR 2012

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

**COMPLETE ENTIRE FORM -- An electronic fill version of this form is also available online at [mwrdd.org](http://mwrdd.org)>Business with Us>User Charge Section Forms**

2. Nature of Business: \_\_\_\_\_  
 3. a. Number of employees in 2012: \_\_\_\_\_ b. Number of workdays in 2012: \_\_\_\_\_ c. Do you work on weekends? Yes  No   
 4. Approved Methodologies: \_\_\_\_\_

5. a. Number of Final Outlets: \_\_\_\_\_ b. Number of Incoming Water Meters: \_\_\_\_\_  
 6. Volume reported represents period from \_\_\_\_\_ to \_\_\_\_\_  
 7. Dates Samples Taken: \_\_\_\_\_

Annual Quantities	Outlet No. 1	Outlet No. 2	Outlet No. 3	Total
8. Volume (gal):	_____	_____	_____	_____
9. Five-Day BOD (mg/L)	_____	_____	_____	_____
10. Five-Day BOD (lbs) (Line 8 x Line 9 x 0.00000834)	_____	_____	_____	_____
11. Suspended Solids (mg/L)	_____	_____	_____	_____
12. Suspended Solids (lbs) (Line 8 x Line 11 x 0.00000834)	_____	_____	_____	_____

**Computation of User Charge for TAX-EXEMPT USERS**

13. Total Annual Volume Charge (multiply Line 8 Total by 0.00026348).....  
 14. Total Annual BOD Charge (multiply Line 10 Total by 0.26627).....  
 15. Total Annual Suspended Solids Charge (multiply Line 12 Total by 0.20124).....  
 16. Total Gross User Charge (Add Lines 13, 14, and 15).....  
 17. 2011 Second Installment Property Taxes Paid to Metro Water Reclamation District **\*If APPLICABLE\***.....  
 18. Total Ad Valorem Tax Credit (Multiply Line 17 by 0.486) **\*If APPLICABLE\***.....  
**19. Total Net User Charge (Subtract Line 18 from Line 16)**.....  
 20. Total Payments Made (Year to Date).....  
 21. Total User Charge Remaining Due (Subtract Line 20 from Line 19).....

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. \_\_\_\_\_ E-mail: \_\_\_\_\_

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, 2013 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.mwrdd.org](http://www.mwrdd.org). For phone inquiries call (312) 751-3000.