

User Charge Annual Certified Statement – LARGE COMMERCIAL-INDUSTRIAL 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
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COMPLETE ENTIRE FORM -- An electronic fill version of this form is also available online at mwr.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 LARGE COMMERCIAL-INDUSTRIAL USERS

13. Total Annual Volume Charge (multiply Line 8 Total by 0.00025648).....
 14. Total Annual BOD Charge (multiply Line 10 Total by 0.25922).....
 15. Total Annual Suspended Solids Charge (multiply Line 12 Total by 0.19595).....
 16. Total Wastewater Loading Charge (Add Lines 13, 14 and 15).....
 17. Administrative Cost Recovery (ACR) Charge (From Line 13 of 2012 ACR Worksheet).....
 18. Total Annual Gross User Charge (Add Lines 16 and 17).....
 19. 2011 Second Installment Property Taxes Paid to **Metro Water Reclamation District**.....
 20. Total Ad Valorem Tax Credit (Multiply Line 19 by 0.486).....
21. Total Net User Charge (Subtract Line 20 from Line 18).....
 22. Total Payments Made (Year to Date).....
 23. Total User Charge Remaining Due (Subtract Line 22 from Line 21)*.....

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: _____ (month/day/year)

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 documents, 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.mwr.org. For phone inquiries call (312) 751-3000.