User Charge Annual Certified Statement – LARGE COMMERCIAL-INDUSTRIAL USER (7g) FOR THE YEAR 2013

1.	a.Parent Company	b.Reporting Facility User Account No.		
	Name	Name		
	Address	Address		
	City, State, Zip Code	City, State, Zip Code		
	Telephone	Telephone		
	'	•	#40d The DD 025 E7	
	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			
	Nature of Business:			
3.	Number of employees in 2013:	a. Number of workdays in 2013: b. Do you work on weekends	s? Yes \(\text{No } \(\text{No } \)	
4.	Total Number of Incoming Water Met Volume reported represents period from	ers:		
Annual Quantities Total				
	Volume (gal)	(if volume is provided in cubic feet, multiply by 7.480	to got gallons)	
	,	119	to get galloris)	
	Five-Day BOD (mg/L)			
	Five-Day BOD (lbs)	(multiply Line 6 by 0.00099246)		
	Suspended Solids (mg/L)	168		
	. ,	(multiply Line 6 by 0.00140112)		
Computation of User Charge for LARGE COMMERCIAL-INDUSTRIAL USERS				
		/ Line 6 by \$0.00024173)		
	12. Total Annual BOD Charge (multiply Line 8 by \$0.25076)			
13. Total Annual Suspended Solids Charge (multiply Line 10 by \$0.16524)				
14. Total Wastewater Loading Charge (Add Lines 11, 12 and 13)				
15. Administrative Cost Recovery (ACR) Charge (from 2013 ACR Worksheet)				
16. Total Annual Gross User Charge (Add Lines 14 and 15)				
17. 2012 Second Installment Property Taxes Paid to <i>Metro Water Reclamation District</i>				
18. Total Ad Valorem Tax Credit (Multiply Line 17 by 0.424)				
19. Total Net User Charge (Subtract Line 18 from Line 16; if Line 18 is > Line 16, enter 0)				
20. Total Payments Made (Year to Date)				
21. Total User Charge Remaining Due (Subtract Line 20 from Line 19)				
Prepared by: Telephone No				
Cert	ification: The undersigned, being fir	st duly sworn on oath, deposes and says that he/she has examined	d this statement	
		he best of his/her knowledge and belief, same are true, correct, and		
Sign	ature of Officer/Owner:		For District Use Only	
PRII	NT Name & Title:		Year	
Tele	phone No.	Email:On:(mm/dd/yy)	\$Paid	
Witn	essed by:	On: (mm/dd/yy)		
•			Deposit Date	
Mail the original of this Certified Statement, supporting documentation, and payment by February 20, 2014 to:			Post Date	
Metropolitan Water Reciamation District of Greater Chicago			Check No.	
Lock Box No. 98429 Chicago, IL 60693			Batch No.	

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.