METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO TAX-EXEMPT USER CHARGE CERTIFIED 7f STATEMENT FOR AUTOMATIC ANNUAL BILLING For the Year 2013

Reporting Facility Name	
Facility Address:	
Pursuant to Section 7f of the User Charge Ordinance, I, the User, e pay User Charges annually on the basis of District-approved estimabills or water meter readings. I understand that hereafter the District due, and I will no longer be required to submit an Annual User Charge.	ates for flow or annual consumption based on water t will automatically bill me annually for the User Charge
Please complete the \underline{one} of the below sections (Section A or Se	ection B) to estimate your annual water usage:
Section A. Estimating Water Usage Based on Water Bills:	
 Volume reported represents period from	324 = \$
Section B. Estimating Water Usage if you DO NOT receive water bi	<u>ills</u>
Please check the type of facility below and supply the requested inf	ormation in the space provided.
☐ 1. RELIGIOUS INSTITUTIONS, CHURCHES, MOSQUES, TEM Average attendance at each service X number of services processes and the service at the service of the services processes are serviced.	
$\ \square$ 2. PARSONAGES, RETIREMENT HOMES, NURSING HOME TIONS, ETC.	S, HALF-WAY HOUSES, MENTAL INSTITU-
a. Number of persons living in residence X 365 X	
b. Number of employees X number of working days p	er year X 9 gallons =gallons.
3. SCHOOLS Number of students and staffX annual number of days sch	ool is in operation X 9 gallons =gallons.
4. OTHER CLUBS, SOCIAL ORGANIZATIONS, SOCIAL SERVA Average daily attendance X number of days facility in operations.	
 5. Total User Charge Due: a. Add the total number of gallons: Sum of lines 1, 2a b. Multiply total number of gallons in Line 5a by 0.000 c. Round off to the nearest dollar and enclose payment 	7324 \$
Prepared by	Telephone No.
Certification: The undersigned, being first duly sworn on oath, deposes supporting documentation and to the best of his/her knowledge and belief,	s and says that he/she has examined this statement and its
Signature of Officer/Owner:	For District US
PRINT Name & Title:	
Telephone No	Deposit Date _
Subscribe and sworn to me this day of	Post Date
Notary Public/Seal:	n, and navment by February 20, 2014 to: Check 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.