

Metropolitan Water Reclamation District of Greater Chicago

USER CHARGE AND TECHNICAL SERVICES SECTION PO Box 10689 Chicago, Illinois 60610-0689

REQUEST FOR DISTRICT USER CHARGE SAMPLING DATA OBTAINED IN 2014

Facility Name:	User Numbe	r:				
Facility Address:			_			
Outlet Number(s):	Reporting Year:	2014				

I certify that all self-monitoring data for the facility named above for User Charge reporting purposes have been submitted to the District, in accordance with the User Charge Ordinance, for the reporting year stated. I further certify that no additional samples for BOD or SS will be collected by or for the facility named above after the date of this request for the reporting year.

I understand that once District data for BOD or SS have been provided under this request, no additional selfmonitoring data will be accepted by the District for the reporting year.

This request for BOD and SS data collected for User Charge Verification purposes by the District will be used to calculate the Net User Charge on the RD-925 submittal for the reporting year stated, based on merged flow-weighted averages of ALL data obtained by the User and the District.

Date:		
Signature: (Company official or owner)		
(Company official or owner)		
Name (PRINT): (Company official or owner)		
(Company official or owner)		
Title:		
Phone Number:	Fax Number:	
Address:		
(if different than Facility Address above)		

- Send a completed copy of this form via email to MWRD-UCTS@MWRD.ORG or via fax to 1-312-894-2150
- Requests MUST be submitted and signed by a company representative; data will not be provided in response to a third party request.
- Data printout(s) will be emailed or faxed to the USER by February 6, 2015, if received prior to January 14, 2015. For expediency, we will not transmit to multiple parties other than the requesting USER.
- All data must be used in your RD-925 computations unless noted otherwise by the District on the printout. Please include the flow-weighted calculations used to merge District and User data with your RD-925 submittal.
- Questions? Please call 312-751-3000 during office hours, or send an email or fax.

For Office Use Only													
Reporting Year	ng Year Date Rec'd:				ec'd:	Reviewed By:							
RD-920s Rec'd:	1	2	3	4	5	6	7	8	9	10	11	12	NONE
MWRD data sent: _							C	em	ail	C	Fax		Other