

**User Charge Annual Certified Statement**

FOR THE YEAR 2009

1. a. Parent Company Name \_\_\_\_\_ Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_
- b. Reporting Facility -- User Account No. \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_
2. Real Estate Index Numbers: \_\_\_\_\_
3. Nature of Business: \_\_\_\_\_
4. For Tax-Exempt Users discharging ONLY domestic waste, with water bills attached:  We elect to have the MWRD complete lines 15-30.
5. **Approved** Reporting Option(s): 7g  7h  7i
6. Number of employees in 2009: \_\_\_\_\_ 7. a. Number of workdays in 2009: \_\_\_\_\_ b. Do you work on weekends? Yes  No
8. **Approved** Flow Measurement Methodology: (Attach supporting documentation, meter readings logs, calibration documentation, etc.)  
 a.  Metered Incoming Water b.  Direct Discharge Measurement at Outlet(s): \_\_\_\_\_ Primary Measuring Device: \_\_\_\_\_  
 c.  Other Flow Measurement/Metered Supply: \_\_\_\_\_
9. **Approved** Reporting Methodology: (Attach supporting documentation, meter readings logs, calibration documentation, etc.)  
 a.  Wastewater flow distribution b.  In-plant water losses c.  Evaporative Losses d.  Irrigation Losses
10. Total Number of Outlets/Designations: \_\_\_\_\_ 11. Total Number of Incoming Water Meters: \_\_\_\_\_
12. Other Water Sources: \_\_\_\_\_
13. Volume reported represents period from \_\_\_\_\_ to \_\_\_\_\_
14. Dates Samples Taken: \_\_\_\_\_

Annual Quantities	Outlet No. 1	Outlet No. 2	Outlet No. 3	Outlet No. 4	Total
15. Volume (gal)	_____	_____	_____	_____	_____
16. Five-Day BOD (mg/L)	_____	_____	_____	_____	_____
17. Five-Day BOD (lbs)	_____	_____	_____	_____	_____
18. Suspended Solids (mg/L)	_____	_____	_____	_____	_____
19. Suspended Solids (lbs)	_____	_____	_____	_____	_____

- Computation of User Charge**
20. Total Annual Volume Charge \_\_\_\_\_
  21. Total Annual BOD Charge \_\_\_\_\_
  22. Total Annual Suspended Solids Charge \_\_\_\_\_
  23. Total Wastewater Loading Charge (Add Lines 20, 21 and 22) \_\_\_\_\_
  24. Administrative Cost Recovery (ACR) Charge (From Line 13 of 2009 ACR Worksheet) \_\_\_\_\_
  25. Total Annual Gross User Charge (Add Lines 23 and 24) \_\_\_\_\_
  26. Annual 2008 Real Estate Property Taxes Paid\* to the District \_\_\_\_\_  
 \*Due and payable in 2009 -- attach a copy of the most recent tax bill(s)
  27. Total Ad Valorem Tax Credit (Multiply Line 26 by 0.504) \_\_\_\_\_
  28. Total Net User Charge (Subtract Line 27 from Line 25) \_\_\_\_\_
  29. Total Payments Made (Year to Date) \_\_\_\_\_
  30. Total User Charge Remaining Due (Subtract Line 29 from Line 28) \_\_\_\_\_
  31. Overpayment: The District's Finance Department will determine Refund/Credit eligibility. \_\_\_\_\_

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. \_\_\_\_\_

Subscribe and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public/Seal: \_\_\_\_\_

Mail the original and one copy of this Certified Statement and payment by February 20, 2010 to:

**Metropolitan Water Reclamation District of Greater Chicago  
 Lock Box No. 98429  
 Chicago, IL 60693**

For District Use Only	
Year	_____
\$Paid	_____
Deposit Date	_____
Post Date	_____
Check No.	_____
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](http://www.mwrd.org). For phone inquiries call (312) 751-3000.