

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO
TAX-EXEMPT USER CHARGE ANNUAL CERTIFIED STATEMENT 7f
 For Year Ending December 31, 2009

Reporting Facility Name _____ User Account Number: _____
 Mailing Address: _____

Pursuant to Section 7f of the User Charge Ordinance, I, the User, elect to report under this Section and hereby agree to use the Metropolitan Water Reclamation District of Greater Chicago (District) estimates for volume of wastewater flow from the reporting facility in lieu of installing water meters for the purpose of reporting the wastewater flow volume of the reporting facility. The type of facility is checked below with the requested information supplied in the space provided.

1. RELIGIOUS INSTITUTIONS, CHURCHES, MOSQUES, TEMPLES, SYNAGOGUES, ETC.
 Average attendance at each service _____ X number of services per year _____ X 12 gallons = _____ gallons.

2. PARSONAGES, RETIREMENT HOMES, NURSING HOMES, HALF-WAY HOUSES, MENTAL INSTITUTIONS, ETC.
 a. Number of persons living in residence _____ X 365 X 96 gallons = _____ gallons.
 b. Number of employees _____ X number of working days per year _____ X 9 gallons = _____ gallons.

3. SCHOOLS _____ Number of students and staff _____
 X annual number of days school is in operation _____ X 9 gallons = _____ gallons.

4. OTHER CLUBS, SOCIAL ORGANIZATIONS, SOCIAL SERVICES, MEETINGS, ETC.
 _____ Average daily attendance _____
 X number of days facility in operation per year _____ X 15 gallons = _____ gallons.

COMPUTATION OF USER CHARGE

5.a. Add total number of gallons: Sum of lines 1, 2a, 2b, 3 and 4 = _____ gallons.
 b. Multiply total number of gallons in Line 5a by \$0.0007239 _____ = \$ _____
 c. Round off to the nearest dollar and enclose payment for this amount _____ = \$ _____

Please Type or Print

Reporting Facility Name _____ Date _____
 Address _____ Telephone No. _____
 Name of Reporting Facility Contact Person _____ Telephone No. _____
 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: _____

For District Use Only
Year _____
\$Paid _____
Deposit Date _____
Post Date _____
Check No. _____
Batch No. _____

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**

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.