

User Charge Annual Certified Statement – TAX-EXEMPT USER ONLY

FOR THE YEAR 2011

- | | |
|-----------------------------|---|
| 1. a. Parent Company | b. Reporting Facility -- User Account No. _____ |
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| City, State, Zip Code _____ | City, State, Zip Code _____ |
| Telephone _____ | Telephone _____ |

NOTE: Any RD-925 EZ FILL statement received blank or incomplete will be considered not submitted. The RD-925 EZ FILL 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

2. Nature of Business: _____
3. Number of employees in 2011: ____ a. Number of workdays in 2011: ____ b. Do you work on weekends? Yes No
4. Total Number of Incoming Water Meters: _____
5. Volume reported represents period from _____ to _____

| Annual Quantities | Total | |
|----------------------------------|-------|---|
| 6. Volume (gal) _____ | _____ | (if volume is provided in cubic feet, multiply by 7.480 to get gallons) |
| 7. Five-Day BOD (mg/L) _____ | 119 | |
| 8. Five-Day BOD (lbs) _____ | _____ | (multiply Line 6 by 0.00099246) |
| 9. Suspended Solids (mg/L) _____ | 168 | |
| 10. Suspended Solids (lbs) _____ | _____ | (multiply Line 6 by 0.00140112) |

Computation of User Charge

11. Total Annual Volume Charge (multiply Line 6 by \$0.00025031) _____
12. Total Annual BOD Charge (multiply Line 8 by \$0.25389) _____
13. Total Annual Suspended Solids Charge (multiply Line 10 by \$0.19921) _____
14. Total Net User Charge (Add Lines 11, 12 and 13) _____

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. _____

Witnessed by me on _____ (month/day/year)

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 21, 2012 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.