

**METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO
REQUEST FOR USER CHARGE 7F/7L AUTOMATIC BILLING**

Reporting Facility Name: _____
Facility Address: _____
City, State, Zip Code: _____

User Account Number:

Pursuant to Section 7f/7l of the User Charge Ordinance, I, the User, elect to report under this Section and hereby agree to pay User Charges annually based on water bills or water meter readings. I understand that, hereafter, the District will automatically bill me annually for the User Charge due and I will no longer be required to submit an Annual User Charge Certified Statement (RD-925).

Step 1. Calculate Annual Water Usage:

Using the water bills obtained from your municipality, select the first water bill and the last water bill from the most recent year. Enter the information from these bills on the lines below. Please note that if your water usage is in cubic feet (cu.ft.) you will have to multiply the water volume reported by 7.48 to convert it to gallons. Enclose copies of all water bills used in your calculation.

Volume reported represents period from:

Water meter readings from the first and last water bills received are: _____ to _____

a. First water bill meter reading: _____

b. Last water bill meter reading: _____

c. Multiplier and meter unit are: _____

Total Annual Volume (gallons): _____ gallons

Step 2. Ad Valorem Property Taxes (if applicable)

If you pay Cook County Property Taxes on any parcels associated with your facility, you may claim a partial tax credit towards your User Charges. Enter the information below from your most recent 2nd Installment Property Tax Bill and attach a copy of your tax bills. This information can also be found online at <https://www.cookcountytreasurer.com/setsearchparameters.aspx>.

Please note that the parcels must be contiguous (no division by other parcels or streets).

Parcel ID # (PIN)

Physical Address of PIN

_____	_____
_____	_____
_____	_____
_____	_____

Step 3. Certification and Notary Seal

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.: _____

Email Address: _____

Witnessed By: _____

On: _____ (mm/dd/yy)

Notary Public Seal

If you have any questions, or you do not receive water bills, please contact the Pretreatment and Cost Recovery Section at (312) 751-3000 or via email to mwr-d-ucts@mwr-d.org.

Failure to provide all of the information requested on this form may result in the District using the best available data for calculation of User Charges.

Mail this form and supporting documentation to:
Metropolitan Water Reclamation District of Greater Chicago
111 East Erie Street, Chicago, IL 60611