

**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.

Volume reported represents period from: _____ to _____
Water meter readings from the first and last water bills received are:
a. First water bill meter reading: _____
b. Last water bill meter reading: _____
c. Multiplier and meter unit are: _____ gallons
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

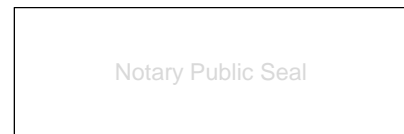
Prepared By: _____

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)



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.

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