

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

FINANCE DEPARTMENT
100 EAST ERIE STREET
CHICAGO, ILLINOIS 60611

***INSTRUCTIONS FOR COMPLETING CHEMICAL TOILET
WASTES DISPOSAL COUPON ORDER FORM***

1. Enter the name and address of your company as it appears on the Chemical Toilet Wastes Disposal Permit Application (Form RD-400).
2. Enter the name and telephone number of a company representative to whom questions may be referred concerning your order.
3. In the appropriate columns and rows, enter the number of coupons requested, the total price for each coupon denomination and the grand total cost. Reminder: disposal charges are based on the following schedule of fees:

Tanker Capacity	Normal Hours	After Hours
950 gallons or less	\$40	\$120
1,900 gallons or less	\$75	\$225
3,000 gallons or less	\$110	\$330
more than 3,000 gallons	\$150	\$450

4. Check the appropriate box to have coupons picked-up in person or delivered by mail.
 - a. If coupons will be picked up in person, the designated company contact person will be notified by telephone as to the date they will be available. The location for such transactions is the District's Finance Department at 100 East Erie Street, Chicago, Illinois 60611.
 - b. Should you choose mail delivery, allow a minimum of ten days for receipt.
5. All orders must be placed via mail at the following address:

**Metropolitan Water Reclamation District of Greater Chicago
Finance Department
100 East Erie Street
Chicago, Illinois 60611**

6. Attach check equal to the grand total cost of your order and make payable to Metropolitan Water Reclamation District of Greater Chicago.
7. Questions concerning your order may be referred to the District's Finance Department at (312) 751-6538. Business hours are 8:45 AM to 4:30 PM, Monday through Friday.

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**CHEMICAL TOILET WASTES
DISPOSAL COUPON ORDER FORM**

Company Name: _____

Address: _____

Contact Person: _____ Telephone Number: _____

COUPON	QUANTITY	PRICE	DISTRICT USE ONLY
\$40			
\$75			
\$110			
\$150			
GRAND TOTAL		\$	

Pick-Up at District Offices Mail to: _____

FOR DISTRICT USE ONLY		
POST DATE: _____	AMOUNT PAID: _____	CHECK NUMBER: _____
REVIEWED BY: _____	DATE: _____	