

City of Chicago Department of Finance Accounts Receivable Division Water Billing and Collections 333 S. State St, Suite 330 Chicago, Illinois 60604

## **Certification Application for Water and Sewer Charge Exemption**

Water Account Number:
Name of Organization:
Property Address:
Phone Number: Email Address:
Property Index Number:
State of Illinois Registration Number (IBT or FEIN):
The above-named property has a water meter to measure usage:  Yes No
The above-named organization is:  A governmental entity (state, city, county, Chicago Public School, City College of Chicago)  A not-for-profit organization (other than a governmental entity), with  Net assets or fund balances at the end of the prior year of \$250 million or more  Net assets or fund balances at the end of the prior year of less than \$250 million  Please attach a copy of the organization's current Articles of Incorporation or File Number issued by the State of Illinois Office of the Secretary of State.
The above-named property is:  Property of the State of Illinois used as an armory by the state or federalized national guard Property owned, leased or occupied by the Chicago Public Schools Property owned, leased or occupied by the Chicago Public Schools Property owned, leased or occupied by the City Colleges of Chicago A hospital operated by the Cook County government A not-for-profit disproportionate share ("DSH") hospital  Please attach a copy of the letter issued by the Illinois Department of Healthcare and Family Services confirming that the hospital is eligible to receive payments under DSH programs for the current year.  A public museum eligible to receive funds for capital development under subdivision (7) of § 1- 25 of the Department of Natural Resources Act Property owned and used and occupied exclusively by a not-for-profit organization (other than an entity described above)  All property types - Please attach a copy of the deed.
Certification by Applicant: I, the undersigned, do hereby certify that I am authorized to submit this Application on behalf of the named organization. I certify that all statements made in this Application are true and correct. I understand that a false statement of material fact made on this Application may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as incarceration, fines and an award to the City of Chicago of up to three times any damages incurred, plus litigation costs, collection costs and attorney's fees.  Print Name:  Signature:
Print Name: Signature: Date:
By: