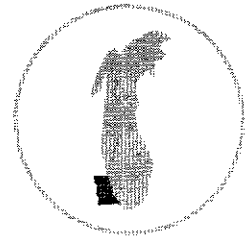


# NORTH SHORE SANITARY DISTRICT

P.O. Box 750, Gurnee IL 60031  
Business Hours 8:00 am – 4:30 pm Monday – Friday  
Phone (847)623-6060, Fax (847)623-3205



## CREDIT METER FORM

Dear Customer,

Please read the meter listed below. Record the reading on this form, then sign, date, and return the bottom portion of this form to the North Shore Sanitary District at your earliest convenience. Please keep the top portion for your records.

<b>Account Number</b> 88885555-888555	<b>Meter Serial Number</b> BA126544IRR	<b>Date</b> January 19, 2009
--	---	---------------------------------

Route: 80044

Customer Name: NAME  
Service Address: ADDRESS  
CITY, STATE ZIP

METER READING: 

--	--	--	--	--	--	--	--	--

Date: \_\_\_/\_\_\_/\_\_\_

Return this portion

### North Shore Sanitary District

Credit Meter Reading

Date: January 19, 2009

Account Number: 88885555-888555  
Service Address: ADDRESS  
CITY, STATE ZIP

Meter Serial Number: HP126544IRR  
Route: 80044



NAME  
ADDRESS  
CITY, STATE ZIP

METER READING

--	--	--	--	--	--	--	--	--

Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Policy on Water Usage Credits  
Exhibit F (Rev. February 2009)

**WHEN ENTERING THE METER READING ON THIS FORM,  
INCLUDE ALL ZEROES.**