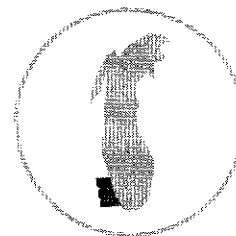


NORTH SHORE SANITARY DISTRICT

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



POOL CREDIT FORM

Dear Customer,

According to our records, you are the owner of a swimming pool which was granted an exemption on your sewage treatment bill for the past year. Please answer the following questions and return this card to us so we can determine whether or not your exemption is applicable for the coming year.

Account Number 33334444-333444

January 19, 2009

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

Return this portion

North Shore Sanitary District
Pool Credit Form

Date: January 19, 2009

Account Number: 33334444-333444
Service Address: ADDRESS
CITY, STATE ZIP

|||||
NAME
ADDRESS
CITY, STATE ZIP

Do you still own a swimming pool? _____

Is it the same pool for which the current exemption was granted? _____

Signature: _____

Date: ____/____/____