

**Memorandum
Public Works Department**



To: City Manager
Subject: Water Quality Report Postage
Date: May 31, 2011
Number: 2011-156

Each year the City of Rock Island's Public Works Department mails the Water Quality Report that is mandated by the Environmental Protection Agency (EPA). This report will need to be mailed to 14,449 Rock Island water customers. The mailing will be sent at a bulk rate that will total \$3,135.43.

Recommendation

The Public Works Department recommends that the City Council approve the payment to the United States Postal Service in the amount of \$3,135.43.

Vendor: United States Postal Service
Payment Amount: \$3,135.43
Account Chargeable:
Fund: 501 Water
Division: 618 Utilities Services
Cost Center: 352 Water Treatment Plant
Object Code: 53201 Postage

Requisition Number: R002246
Purchase Order Number:

Submitted by: Robert T. Hawes, P.E., Assistant City Manager/Public Works Director
Michelle Martin, Assistant to the Public Works Director

Approved by: John C. Phillips, City Manager

Water Quality Report

United States Postal Service

Postage Statement—Standard Mail 5/26/11

Post Office: Note Mail Arrival Date & Time
(Do Not Round-Stamp)

| | | | | | |
|---------------|--|-----------|---|-----------|--|
| Mailer | Permit Holder's Name and Address and Email Address, If Any City of RE Permit # 122 | Telephone | Name and Address of Mailing Agent (If other than permit holder) | Telephone | Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder) |
| | CAPS Cust. Ref. No. _____ | | | | |
| | CRID _____ | | CRID _____ | | CRID _____ |

| | | | | | | |
|----------------|--|--|---|--|--|--|
| Mailing | Post Office of Mailing | Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Parcels - Machinable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> CMM <input type="checkbox"/> NFM <input type="checkbox"/> Catalogs | Mailer's Mailing Date | Federal Agency Cost Code | Statement Seq. No. | No. and type of Containers ____ Sacks ____ 1 ft. Letter Trays ____ 2 ft. Letter Trays ____ EMM Letter Trays ____ Flat Trays ____ Pallets ____ Other |
| | Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered | Weight of a Single Piece 0 _____ pounds | Combined Mailing <input type="checkbox"/> Mixed Class <input type="checkbox"/> Single Class | Total # of Pieces in Mailing | Of total pieces, # with simplified addresses | |
| | Permit # _____ | For Mail Enclosed within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post | <input type="checkbox"/> Periodicals | If Sacked, Based on <input type="checkbox"/> 125 pcs <input type="checkbox"/> 15 lbs. <input type="checkbox"/> both | Total Weight | |
| | For Automation Pieces, Enter Date of Address Matching and Coding ____/____/____ | For Carrier Route Pieces, Enter Date of Address Matching and Coding ____/____/____ | For Carrier Route Pieces, Enter Date of Carrier Route Sequencing ____/____/____ | For pieces bearing a simplified address enter date of delivery statistics file or alternative method ____/____/____ | | |

Move Update Method:
 Ancillary Service Endorsement FASTforward NCOALink ACS Alternative Method Multiple OneCode ACS n/a Alternative Address Format

Parts Completed (Select all that apply) A B C D E F G H I J K L M S

| | | | |
|----------------|---|--|------------------|
| Postage | <input type="checkbox"/> Mailpiece is a product sample. | Total Postage (Add Parts Totals) | |
| | <input type="checkbox"/> Letter-size or flat mailpiece contains DVD/CD or other disk. | | |
| | Price at Which Postage Affixed (Check one) Complete if the mailing includes pieces bearing metered or precanceled stamps. <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither _____ pcs. x \$ _____ = Postage Affixed | | |
| | Permit # <u>122</u> | Net Postage Due (Subtract postage affixed from total postage) | \$3135.43 |

| | | |
|-----------------|--|--|
| USPS Use | Additional Postage Payment (State reason) | |
| | For postage affixed add additional payment to net postage due; for permit imprint add additional payment to total postage. | Total Adjusted Postage Affixed |
| | Postmaster: Report Total Postage in AIC 130 (Permit Imprint Only) | Total Adjusted Postage Permit Imprint |

| | |
|----------------------|---|
| Certification | Incentive Claimed: _____ |
| | The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and the mailing qualifies for the prices and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment. <small>Privacy Notice: For information regarding our Privacy Policy visit www.usps.com.</small> |
| | Signature of Mailer or Agent _____ Printed Name of Mailer or Agent Signing Form _____ Telephone _____ |

| | | | |
|--|--|--|--|
| USPS Use Only To be completed in non-Postal/One! sites | Weight of a Single Piece <u>0</u> _____ pound | Are postage figures at left adjusted from mailer's entries? If yes, reason: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Total Pieces _____ Total Weight _____ | | |
| | Total Postage _____ | | |
| | Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | I CERTIFY that this mailing has been inspected for each item below if required: (1) eligibility for postage prices claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; (4) payment of annual fee; and (5) sufficient funds on deposit (if required) | | |
| | USPS Employee's Signature _____ | | |
| | Date Mailed Notified _____ Contact _____ | Round Stamp (Required) Payment Date | |
| | By (Initials) _____ Time _____ AM _____ PM | | |
| | Print USPS Employee's Name _____ | | |

Standard Mail



Part B

Nonautomation Letters

Check box at left if prices are populated in this section.

Machinable Letters 3.3 oz. (0.2063 lbs.) or less

| Entry | Price Category | Price | No. of Pieces | Total Postage |
|-------|----------------|------------|---------------|---------------|
| B1 | None | AADC | \$0.260 | |
| B2 | None | Mixed AADC | 0.276 | |
| B3 | DNDC | AADC | 0.227 | |
| B4 | DNDC | Mixed AADC | 0.243 | |
| B5 | DSCF | AADC | 0.217 | |
| | | | 14449 | 3135.43 |

Nonmachinable Letters 3.3 oz. (0.2063 lbs.) or less

| Entry | Price Category | Price | No. of Pieces | Total Postage |
|-------|----------------|-----------|---------------|---------------|
| B6 | None | 5-Digit | \$0.381 | |
| B7 | None | 3-Digit | 0.474 | |
| B8 | None | ADC | 0.512 | |
| B9 | None | Mixed ADC | 0.606 | |
| B10 | DNDC | 5-Digit | 0.348 | |
| B11 | DNDC | 3-Digit | 0.441 | |
| B12 | DNDC | ADC | 0.479 | |
| B13 | DNDC | Mixed ADC | 0.573 | |
| B14 | DSCF | 5-Digit | 0.338 | |
| B15 | DSCF | 3-Digit | 0.431 | |
| B16 | DSCF | ADC | 0.469 | |

Nonmachinable Letters Over 3.3 oz. but less than 16 oz.

| Entry | Price Category | Piece Price | Or Amount Affixed | No. of Pieces | Pieces Subtotal | Pound Price | Pounds | Pounds Subtotal | Total Postage |
|-------|----------------|-------------|-------------------|---------------|-----------------|-------------|--------|-----------------|---------------|
| B17 | None | 5-Digit | \$0.232 | | | \$0.725 | | | |
| B18 | None | 3-Digit | 0.314 | | | 0.725 | | | |
| B19 | None | ADC | 0.366 | | | 0.725 | | | |
| B20 | None | Mixed ADC | 0.399 | | | 0.725 | | | |
| B21 | DNDC | 5-Digit | 0.232 | | | 0.565 | | | |
| B22 | DNDC | 3-Digit | 0.314 | | | 0.565 | | | |
| B23 | DNDC | ADC | 0.366 | | | 0.565 | | | |
| B24 | DNDC | Mixed ADC | 0.399 | | | 0.565 | | | |
| B25 | DSCF | 5-Digit | 0.232 | | | 0.517 | | | |
| B26 | DSCF | 3-Digit | 0.314 | | | 0.517 | | | |
| B27 | DSCF | ADC | 0.366 | | | 0.517 | | | |

For affixed postage mailings as described in DMM 243, compute and enter the price for each piece in the Amount Affixed column, multiply by No. of Pieces and total in the Total column.

Part B Total (Add lines B1-B27)

3135.43