

Top portion of the bill with the same name & address as the bottom

IRVINE RANCH WATER DISTRICT

15600 SAND CANYON AVE IRVINE, CA 92618-3102
 MAILING: P.O. BOX 57500 IRVINE, CA 92619-7500

Web site: www.irwd.com
 BILLING INQUIRIES (949) 453-5300
 8:00 A.M. TO 5:00 P.M. Monday - Friday

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

P 00004 000795

NAME
ADDRESS
CITY CA **ZIP CODE**

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

\$36.39

IRVINE RANCH WATER DISTRICT

ACCOUNT NAME **NAME**
 SERVICE ADDRESS **ADDRESS**
 BILLING PERIOD FROM 3/09/09

Bottom portion of the bill with the same name & address as the top

Previous Read	Current Read	Usage (in CCF)	CCF
519	534	15	11220

THANK YOU FOR YOUR PAYMENT 2/17/09 \$34.25
 BALANCE FORWARD \$.00
 USAGE - LOW VOLUME 6 @ .910 \$5.46
 USAGE - CONSERVATION BASE RATE 9 @ 1.070 \$9.63
 \$15.09
 WATER SERVICE CHARGE \$7.50
 SEWER SERVICE CHARGE \$13.80

YOUR ALLOCATION FOR THIS BILL IS 15 CCF
 BILL CALCULATION BASED ON .03 ACRES

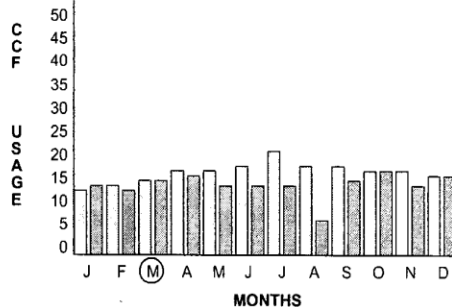
WATER USAGE REVENUE ALLOCABLE TO URBAN WATER RUNOFF TREATMENT \$15.09 @ 2% \$.30

PAYMENT DUE 4/02/09 \$36.39

Ways to be "Always Water Smart" are in the enclosed IRWD newsletter and on www.AlwaysWaterSmart.com. The payment stub is located at the top of your bill - please tear off the top portion & return with payment.

FROM	TO	DAYS	USAGE BILLED	DAILY AVERAGE
2/05/09	3/09/09	32	15	.46
2/06/08	3/07/08	30	14	.46

WATER USE PROFILE



Bill Print Date 3/12/09 To pay by credit card call 1-866-500-5256
 Account Number PLEASE RETAIN THIS PORTION FOR YOUR RECORDS
 Please See Reverse Side For Important Information And Phone Numbers

□ YOUR ALLOCATION ■ YOUR USAGE