



Financial Services
 Customer Service Division
 825 W. Irving Boulevard
 Irving, TX 75060
 (972) 721-2411
www.cityofirving.org

APPLICATION FOR SERVICE

Prior to establishing service an activation fee and deposit is required.

*Indicates Required Field.

_____/_____/_____
 *Date to Begin Service

 *Service Location Desired

*LEGAL NAME (FIRST, MI, LAST) (Must be the same as the person making the application unless commercial)

*SOCIAL SECURITY # (Required for Identity verification) Driver's License #/ State Issued

(_____)_____-_____
 *Primary Phone #

(_____)_____-_____
 Secondary Phone #

Email address: _____

*BILLING ADDRESS: Same as Service Location Different from Service Location (see below):

 IN CARE OF

 STREET / P.O. BOX

 CITY, STATE, POSTAL CODE

*Type of Account: Residential
 Commercial: (Type of Business: _____)

*Do you own the property where service will be setup? Yes No:

Owner of Property: _____ Phone :(_____)_____-_____

Mailing Address: _____

Note: In order for the water to be turned on all faucets, washer connections, etc. **must be off**. The service personnel are not allowed to go inside the residence / building. You must make sure all water connections are off at the service address or water will not be left on and it may cost you an additional fee if we have to make more than one trip to the property to activate the service.

Signature: _____ Date: _____

To be completed by City of Irving staff only:

ACTIVATION FEE: Same Business Day (\$30.00) Next Business Day (\$20.00) 2+ Business Days (\$15.00)

Deposit Amt \$ _____ + Act. Fee \$ _____ = Total Due Today \$

Processed By: _____ Date: _____ Account: _____ ID Verified: