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 :(_____) _____-_____

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:_____