Financial Services
Customer Service Division
825 W. Irving Blvd.
Irving, TX 75060
Ph (972) 721-2411 Fax (972) 721-3733
e-mail: customer-service@cityofirving.org
www.cityofirving.org

CHANGE OF INFORMATION FORM

Date Received: _____ Account #_____

Current Information on Account:

Customer Name:_____
First MI LAST

Service Address: _____

DL#_____ SSN: _____

Change the Following Information on the Above Account:

Customer Name: _____
First MI LAST

Service Address: _____

DL#_____ SSN:_____

Phone you can be reached at: _____

Reason for Change:
- ☐ Divorce –Copy of Divorce Decree
- ☐ Marriage – Copy of Marriage Certificate
- ☐ Death – Copy of Death Certificate
- ☐ Legal Name Change – Copy of Court Decree
- ☐ New Management Company
- ☐ Other - _____

The person signing this form must be the same as the name appearing on the Customer Name line. This person is responsible for payment of this account.

Signature: _____

Title (If Commercial Account): _____