



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

REQUEST TO DISCONTINUE OR TRANSFER SERVICES

This request must be completed and received by Customer Service at least two (2) business days prior to the requested discontinuation date. If the requested date falls on a weekend or city holiday, the request will be completed on the following business day. Service requests are processed between the hours of 8 a.m. and 4 p.m. on the date requested.

!!!A COPY OF YOUR DRIVER'S LICENSE MUST ACCOMPANY THIS REQUEST!!!

Name As It Appears on City of Irving Account Account Number

Service Address to be Discontinued Date to Discontinue Services

I am discontinuing services with the City of Irving.

New Mailing Address (Street Address, City, State, Zip Code) Phone Number

Note: If you pay via draft and do not want your final bill drafted please initial here _____.

I am transferring my services to another service location within the City of Irving.

New Service Address Phone Number

I request that services at my new service address begin on _____ (Date to Begin Services). Further, I understand that services will not be initiated at the new service address until I have paid any delinquent balance I owe on my current account as well as a new deposit should one be required of me.

I, the undersigned, certify that all of the information on this form is true and complete to the best of my knowledge and that I am the customer named above (if residential) the owner and/or representative (if commercial/multifamily) of the service location named above.

Signature Date

Mail to P.O. Box 152288, Irving, TX 75015-2288 or fax to 972 721-3733

To be completed by City of Irving staff only.

Entered By: _____ Date: _____ Account Noted: _____

