



Water Utilities Department  
 Customer Service Division  
 825 W. Irving Blvd.  
 Irving, TX 75060  
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 e-mail: [customer-service@cityofirving.org](mailto:customer-service@cityofirving.org)  
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PARCEL # \_\_\_\_\_

# 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 #                      Fax Number

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 when Verified    \$

Processed By: \_\_\_\_\_    Date: \_\_\_\_\_    History Verified:     ID Verified:     Account #: