



**Consent for Release of Commercial Customer Information**

TO: Colorado Springs Utilities

I, \_\_\_\_\_, an authorized representative of \_\_\_\_\_  
 (Print name) (Utilities Customer – Name of Company)  
 in accordance with U.R.R. 16 (Release of Information) of the Utilities Rules and Regulations,  on behalf of  
 the Commercial Customer or  as the Main Customer, hereby authorize Colorado Springs Utilities to release  
 information regarding the  Commercial Customer's Account or  my Customer Account to:

- Third Party Billing Company – A company that is authorized to pay and receive your utility bills.
- Property Management Company – A company that is authorized to manage your commercial or residential properties and is responsible for managing your Customer Service account(s).
- Other: \_\_\_\_\_.

<b>Recipient's Name (Individual or Company):</b>	
<b>Address:</b>	
<b>Contact Person Name:</b>	
<b>Contact Person Title:</b>	
<b>Contact Phone Number:</b>	

Please release the following information with regard to Colorado Springs Utilities account number \_\_\_\_\_:  
 (If multiple account numbers, please attach a separate sheet)

- \_\_\_\_\_ Account information **only** (Make a payment, payment arrangements, billing questions, payment record, usage and service orders.)
- \_\_\_\_\_ All access (perform updates and transactions such as address changes, start/stop service)

I represent that I am authorized to sign this Consent on behalf of the Commercial Customer and have attached hereto evidence of my signature authority.

This consent is valid until terminated by the Colorado Springs Utilities Customer in writing.

I hereby release and discharge Colorado Springs Utilities, its officers and employees, as well as the City of Colorado Springs, from all claims and liabilities, which Colorado Springs Utilities might otherwise incur as a result of the release of information hereunder.

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Please fax to Colorado Springs Utilities at 719-668-7176 or mail to Colorado Springs Utilities, PO Box 1103, Colorado Springs, CO 80903.

STATE: \_\_\_\_\_  
 COUNTY: \_\_\_\_\_

Before me on this date, \_\_\_\_\_, 20\_\_\_\_, appeared \_\_\_\_\_,  
 Identified or known to me, who acknowledged this as his/her instrument.

SEAL: \_\_\_\_\_ [Notary Signature]