

AUTHORIZATION TO ACCESS/MANAGE ACCOUNTS

Ι , ,	, an authorized representative of			
As the primary customer or property made Utilities to grant the undersigned permi #	ssion to perfor		ding my account:	
Authorized Individual/Company:	Date:			
Address:	State:			
Authorizations Granted (choose one	<u>e)</u>			
Third Party Billing Company:	A company that is authorized to pay and receive your utilities bills. Able to perform these functions: Making payments, making billing inquiries, and accessing payment records.			
Third Party Energy or Water Management Company:	Authorized to release consumption related information for the following services (<i>select all that apply</i>):			
All Services	Gas	Electric	Water/Wastewater	
This consent is valid until terminated by discharge Colorado Springs Utilities, its all claims and liabilities, which Colorado of authority hereunder.	officers, and	employees, as we	ll as the City of Colorado Springs, from	
I certify that I am the primary customer	or property ma	anager authorized	to sign this form.	
Primary Customer or Property Mana	<u>ger</u>			
Name (<i>Print</i>):	Print): Date:			
Address:		Telephone:		
State:	County:			
Signature:				
Before me on this date, 20 app Identified or known to me, who acknow		his/her instrumen	t.	
Notary Signature:		Seal		

Disclaimers

Springs Utilities does not warrant the security of third party email providers. Email may not be a secure means to send private information, and customers accept any security liabilities while information is in transit. Upon receipt, Springs Utilities will secure all personal information in accordance with internal policies and applicable laws.

Fax: (719) 668-7288