



CONSENT OF AUTHORITY FOR PROPERTY MANAGEMENT (COMMERCIAL LANDLORD)

Person/Business Entity

I, , (name as it appears on bill) the Primary Customer hereby authorize Colorado Springs Utilities to give account access and authority to the person/business listed below to act on my behalf to manage utility accounts with the following level of authority (*choose only one*).

Authorized Properties

Properties where Property Manager will be Authorized:

- For all current and future properties with EIN _____ under the name listed above.
- For specified properties listed (please attach a list of all authorized property addresses.)

Level of Authority

Any other Property Management companies currently associated with the addresses annotated/listed will be removed.

- Full Access **Only allowed for customers with Tax ID Numbers.** Authorized to perform all Limited Access functions plus apply for service at a new property or transfer service on behalf of primary customer and add a third-party person or company to the account.
(Dual notarization required.)
- Limited Access Authorized to make payments, negotiate payment extensions, make billing and payment inquiries, obtain consumption data, revert service into primary customer or landlord name, stop service, and initiate/discuss service orders.
(Only primary customer notarization required.)

This consent is valid until terminated by the Primary Customer. 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 the result of the designation of authority hereunder.

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 with internal policies and applicable laws.



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Company Being Authorized

Representative or Name (Print): _____ Date: _____

*Company Name _____

Company Address: _____ Telephone: _____

City: _____ Email: _____

State: _____ Zip: _____ County: _____

(Notary required below only for full access requests.)

Signature: _____

Before me on this date, _____ 20__ appeared:

Identified or known to me, who acknowledged this as his/her instrument.

Notary Signature: _____ Seal: _____

Primary Customer Granting Authorization

Name (Print): _____ Date: _____

Company Name (If applicable): _____

Address: _____ Telephone: _____

City: _____ Email: _____

State: _____ Zip: _____ County: _____

Signature: _____

Before me on this date, _____ 20__ appeared:

Identified or known to me, who acknowledged this as his/her instrument.

Notary Signature: _____ Seal: _____

Incomplete forms will not be processed and may delay request.

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