

Email: cas@csu.org

## TEMPORARY CONSENT FOR RELEASE OF COMMERICAL ACCOUNT INFORMATION

Fax: (719) 668-7288

l , an	authorized representative of
in accordance with Colorado Springs I information regarding my Commercial #	Utilities Rules and Regulations, hereby authorize to release Customer's Account:  (if multiple accounts, please attach a separate sheet)
To: Individual or Company: Address: Phone #: Tax ID (If Applicable or if known):	
Information Authorized for Release (see	elect all that apply)
Utilities, its officers, and employees, as w	Claims or Disputes Usage from to  All Gas Electric Water / Wastewater Other (Specify):  the date signed. I hereby release and discharge Colorado Springs rell as the City of Colorado Springs, from all claims and liabilities, nerwise incur as the result of the designation of authority hereunder form.
Authorized Representative	
Name ( <i>Print</i> ):	Date:
Address:	Telephone:
State:	Corporate Tax ID:
Signature:	
Before me on this date, 20_ appeal Identified or known to me, who acknowled	
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.