

Email: cas@csu.org

TEMPORARY CONSENT FOR RELEASE OF RESIDENTIAL ACCOUNT INFORMATION

Fax: (719) 668-7288

| I | , as the primary customer and in accordance with Colorado Springs |
|---|---|
| Utilities Rules and Regulations utilities account # | , hereby authorize the release of the information selected below regarding my to: |
| Individual or Company: Address: Phone #: | |
| Information Authorized for R | elease (select all that apply) |
| Utility Bills Payment Reco | Services Gas Electric Wastewater |
| | Other (Specify): lays from the date signed. I hereby release and discharge Colorado Springs |
| • | yees, as well as the City of Colorado Springs, from all claims and liabilities, s might otherwise incur as the result of the designation of authority hereunder |
| I certify that I am the primary c | ustomer authorized to sign this form. |
| Primary Customer | |
| Name (Print): | Date: |
| Address: | Telephone: |
| State: | County: |
| Signature: | |
| | D appeared: acknowledged this as his/her instrument. |
| 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.