

AUTHORIZATION TO ACCESS CONSUMPTION DATA

I	, an authorized representative of			
	or property manager with full signed permission to perforr (if multiple accounts, pleas	n the below regar		prings
Authorized Individual/Company:		Date:		
Address:		State:		
Authorizations Granted				
Authorized to access u (select all that apply):	utility consumption data and	related cost for the	e following services	
All Services	Gas	Electric	Water/Wastewater	
discharge Colorado Spring all claims and liabilities, who of authority hereunder.	gs Utilities, its officers, and e	employees, as wel es might otherwis	ty manager. I hereby release I as the City of Colorado Spri e incur as the result of the de	ings, from
•		magor damonzoa	to eight and form.	
Primary Customer or Pro Name (<i>Print</i>): Address: State:	<u>operty manager</u>		e: ephone: inty:	
Signature:				
Before me on this date, Identified or known to me,	20 appeared: who 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.

Fax: (719) 668-7288