

TO: Colorado Springs Utilities (Utilities)	
I,	, main cust	omer or an authorized representative of
(Print Name)		
(Commorcial Customer Name)	in accord	ance with Utilities Rules Regulations V(H)
		lo Springs Utilities to release consumption Account or my Customer Account to:
Company:		
Street Address:		
City:		State/Zip:
Please release any consumption	n data with regard f	0.
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Gas	Electric	Water and/or Wastewater
for the Utilities Account number:		<u> </u>
This consent is valid until termin	ated by the Utilities	s Customer.
	ims and liabilities	cers and employees, as well as the City of s, which Utilities might otherwise incur as
Customer's Signature:		Date:
Tax Identification Number:		
STATE:		
COUNTY:		
Before me on this date, Identified or known to me, who a	, 20 acknowledged this	_, appeared, as his/her instrument.
SEAL:		

Notary Signature

Please fax to Colorado Springs Utilities at 719-668-4599 or mail to Colorado Springs Utilities, ATTN: Water Allocation Plan Office, 2855 Mesa Rd, Colorado Springs, CO 80904.